

American Optometric Association NEWS



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Volume 47

March 23, 2009

No. 12

Flawed database unduly reduced provider payments

The insurance industry is overhauling the system it uses to establish “usual, customary, and reasonable” (UCR) fees for health care services in the wake of allegations that health plans have been systematically underpaying providers, increasing beneficiary copayments, and improperly denying claims for out-of-network services.

Under a settlement reached with New York State Attorney General Andrew M. Cuomo on Jan. 13, Ingenix – one of the insurance industry’s dominant providers of health care cost statistics – will no longer develop data on UCR health care charges for insurers. A new independent, not-for-profit entity will be established to provide that function.

The settlement came as the result of a year-long “industrywide investigation into a scheme to defraud consumers by manipulating reimbursement,” according to the New York attorney general’s office.

While health insurers generally reimburse the practitioners in their provider networks according to contractual agreements, they generally reimburse out-of-network providers based on usual and customary charges, notes Charles B. Brownlow, O.D., the associate director of the AOA Third Party Center.

Some 70 percent of insured working Americans pay higher premiums for insurance plans that allow them to use out-of-network health care practitioners.

Insurers generally agree to cover up to 80 percent of usual and customary charges for out-of-network care with beneficiaries responsible for the balance.

Under exclusion clauses, many plans will deny coverage for out-of-network charges that substantially exceed usual and customary fees.

For most of the past 10 years, Minneapolis-based Ingenix, a wholly-owned sub-

See Database, page 10



A Special Olympics Lions Clubs International Open Eyes volunteer examines one of the 2,213 athletes competing in the Games in Boise, Idaho, last month. See story on page 17.

AOA, vision community partners set to develop eye care EHR certification

The AOA has partnered with the American Academy of Ophthalmology (AAO) and the American Society of Cataract and Refractive Surgery (ASCRS) to convince the Certification Commission for Health Information Technology (CCHIT) to develop certification of eye care Electronic Health Records (EHRs).

The new certification standards would aim to sanction EHR functionality and security, beginning in 2011, for ODs and other eye care providers looking to integrate EHR technologies into their practices.

The joint optometry-ophthalmology working group formed last year to make the case for eye care EHR certification through CCHIT, a non-profit organization dedicated to accelerating adoption of interoperable Health Information Technology (HIT).

Currently, no CCHIT certification exists for eye care EHR despite the fact that many federal and state HIT incentives programs prefer, or even require, doctors to use CCHIT-certified products.

Last December, the AOA and its part-

See EHR, page 8



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www.optometryjaoa.com.

President's Column
Declaration of optometric independence

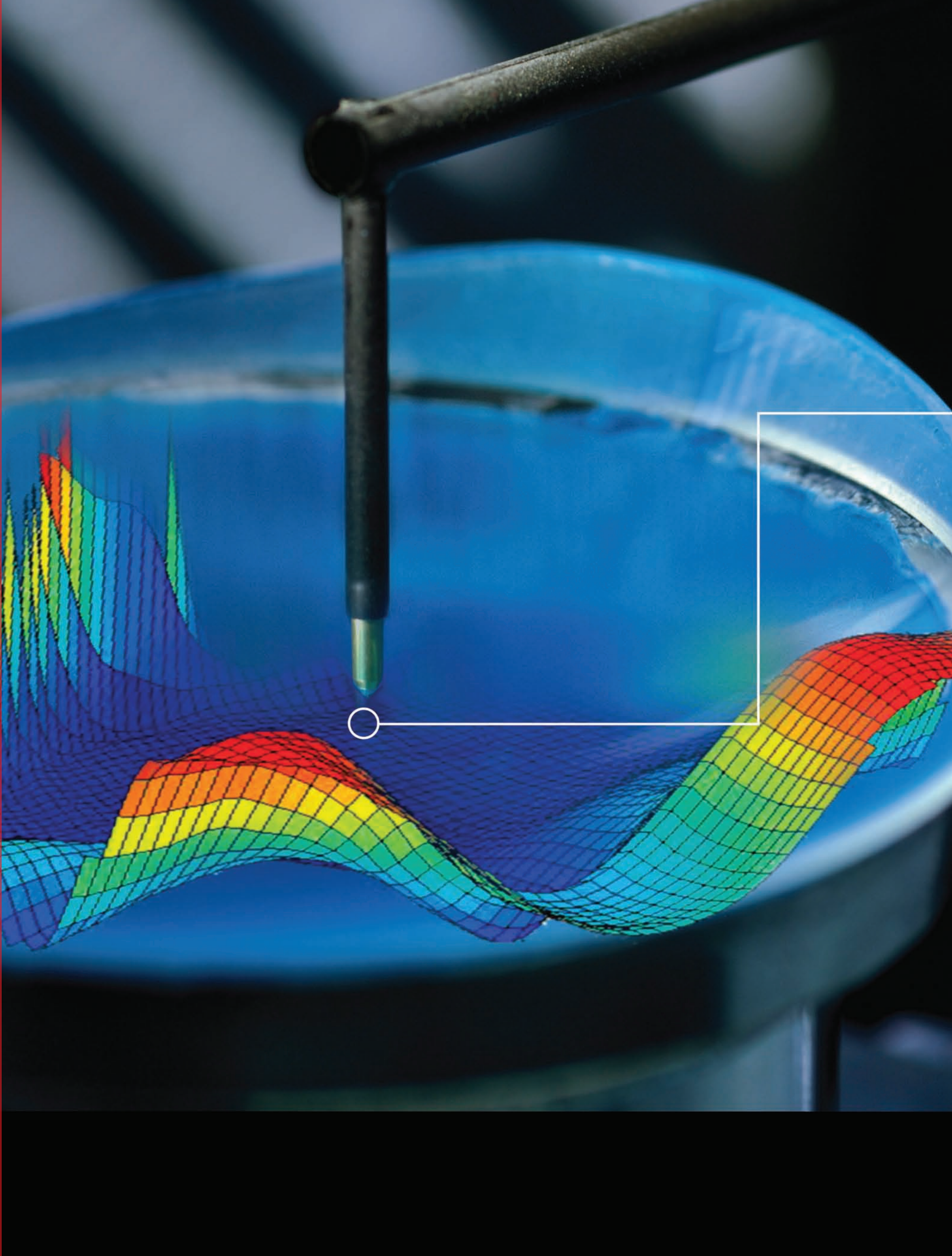


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PRESIDENT'S COLUMN

Declaration of optometric independence

Webster's defines independence as the quality or state of being independent, and offers several definitions of independent, some of which include: "1: not dependent: as a (1): not subject to control by others : self-governing (2): not affiliated with a larger controlling unit <an independent bookstore> b (1): not requiring or relying on something else : not contingent <an independent conclusion> ... (1): not requiring or relying on others (as for care or livelihood) <independent of her parents> ... d: showing a desire for freedom <an independent manner>"

The majority of AOA members define themselves, or their practice setting, as independent when they complete practice surveys; yet the independence of our profession is being threatened on many fronts.

First, and most important, is professional judgment.

When speaking to students or groups of optometrists, I always remind them that regardless of where they choose to practice, or who writes their paycheck, they are the only person responsible for patient care decisions.

Non-licensed employers and employers of different professional designations can often influence employed optometrists in the way they practice, but the ultimate decision – the independent decision – on a patient's care should always belong to the licensed OD.

Some organizations and businesses don't see it that way. Recently, several state optometric associations found

themselves in legislative battles with employers of AOA member optometrists over patient care issues. This places the employed OD in the awkward position of having to decide between his or her professional responsibility and the bottom-line desires of their employer.

Second, we are seeing challenges to financial independence. Even traditional solo/private practitioners are having their independence threatened by the growth in managed vision and health care.

As optometry has

So is this a doom and gloom column? Absolutely not, because we are optometry! Your AOA will continue to fight legislatively for your independence from others trying to dictate what services we can provide and those trying to devalue the quality services we provide.

With the blessing of our team, we will step up the fight. We will expose vision and health plans that discriminate against our profession in reimbursements and administrative policies so you can make fully informed business decisions rather than feeling

Tools being developed by the new Third Party Center at the AOA will prepare any doctor, in any setting, to analyze the finances of the practice.

become a major provider of medical eye care and insurers are vertically integrating, there is downward pressure on reimbursement.

More and more health plans require us to accept a less than financially viable vision plan to have the "privilege" to provide medical care to larger and larger patient populations. And now, managed vision care companies are carving out medical eye care in arrangements that discriminate fees and/or administrative arrangements between optometrists and ophthalmologists.

Ask yourself the question, by your participation, are you supporting or fighting against provider discrimination?

pressure to join out of fear of losing patient groups.

Tools being developed by the new Third Party Center at the AOA will prepare any doctor, in any setting, to analyze the finances of the practice.

We want to help you make informed business decisions on all discount vision or health plans. Armed with a clear financial understanding, maybe you'll have the courage to declare independence from the handcuffs of accepting plans that reimburse less than the cost of doing business and definitely less than the value we provide to every patient.

Ultimately, when they see ODs asking hard questions, maybe plan administra-



Dr. Kehoe

tors and employers will realize that they have to be more competitive and equitable with their fees if they want the best and the brightest optometrists to sign on.

So how do you declare independence when you are employed by an ophthalmologist or corporate entity? First, choose your employer wisely.

Discuss philosophy on the future of your profession PRIOR to accepting that first paycheck.

And if you are considering joining a panel, ask yourself whether you are standing up for your profession or selling yourself short.

Always remember that it is your education, your license to practice and your profession that make up the three legs of your professional stool. Never allow an employer or plan manager to weaken any of those legs.

Please join me in rallying our colleagues in reconfirming the independence of optometry...for our patients, our practices and our profession!

PS: Please visit www.PetesAOABlog.com to comment on this or any other topic of importance.

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Brooks to assume presidency

Randolph Brooks, O.D., will assume the AOA Office of president at the 2009 Optometry's Meeting®.

Dr. Brooks, currently president-elect, was first elected to the board in June 2000.

Dr. Brooks serves on the Joint Board Certification Project Team and the International Affairs Committee and has served on the Optometry Awareness and Public Affairs Committee, the Constitution and Bylaws Committee and the Finance Committee.

As a member of the Advanced Clinical Competence Project Team, he served as chair from 2004-2005.

Dr. Brooks is serving as liaison-trustee to the Optometry's Meeting® Executive Committee and has served as liaison trustee to the Industry Relations Committee, the Sports Vision Section, Advocacy Group, Eye Care Benefits Center and Federal Relations Committee.

Prior to his election to the board nine years ago, Dr. Brooks held a variety of volunteer appointments within the AOA.

In addition to serving several years on the Eye Care Benefits Center Executive Committee, Dr. Brooks was its chair in the 1999-2000 program year.

Dr. Brooks is past president of the New Jersey

Society of Optometric Physicians (NJSOP). In 1995 and 2000, NJSOP named him Optometrist of the Year.

Dr. Brooks is a graduate of the State University of New York at Albany and the New England College of Optometry and is also a fellow of the American Academy of Optometry, of which he has been a member since 1984.

He has a private group practice in Ledgewood, N.J., and resides in Succasunna, N.J., with his wife, Bonnie, and has three sons, Doug, Larry and Ryan.



AOA First Look launches archive feature

In a benefit exclusively for AOA members, the AOA has teamed up with Custom Briefings to provide a daily e-mail summary of health care and ophthalmic news titled "AOA First Look."

Now, AOA members can also access past articles, perform keyword searches and catch up on past coverage.

A link to the archive feature will appear in every daily publication of First Look.

Editors scan the Web and compile digest articles of news most likely to interest optometrists. The articles are intended to reflect what is in the press each day and what your patients are reading. As such, if an article appears in the press with misinformation or bad news for ODs, you will read it as is, unfiltered.

AOA members and optometry students who already receive association e-publications should be receiving AOA First Look now. If not, check your spam-blocking settings and add FirstLook@AOA.custombriefings.com to your address book.

If your network administrator or Internet service provider requests it, you can provide the sending IP address: 65.240.141.95 for whitelisting.

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LETTERS

Editor:

With the hindsight and perspective of a 75-year-old retired optometrist, I'd like to point out the arrival of a crucial time for our profession and the importance of the AOA's vigilance and lobbying efforts.

With the pending changes in national health delivery, this era parallels that which we went through in 1964 when Medicare was being debated. At that time, through the lobbying efforts of medical interests, optometry fared poorly. It took a number of years for some of the inequities to be corrected, and even to this date, refraction remains an exclusion.

Protections such as any willing provider, equal remuneration for equal work, and the supremacy of federal law are areas where the AOA should be attentive.

Harvey Rosenwasser, O.D.
Philadelphia, Pa.

Editor:

I read with interest the January 2009 edition of AOA News. The article which purports to clarify the board certification issue does nothing of the kind. What the article did

not clearly state is that there are two independent agendas: 1) to somehow certify that someone newly out of optometry school is competent beyond what is required by the national and state boards. I believe this implies that contemporary optometric education is somehow inadequate; and 2) to certify continued competency after a specified period in practice.

These are not one and the same. I don't believe anyone would object to the need to demonstrate continued competency. But a "board certification" to imply advanced clinical competency for new grads is something that, if necessary (and it is far from being proven necessary) should be academically rigorous and require a residency, the same requirements that the medical specialties some of us wish to emulate have in place.

Bottom line: the ability to check a box on an insurance contract to verify board certification will always be trumped by the ability to deliver quality care at a fair price. That is what the third party payers are looking for.

Steven A. Linas O.D.
Richmond, Va.

Editor:

On March 5, the White House held a health care summit to hear from various interests as the system faces proposed change. To demonstrate that the Obama administration is open to all perspectives, 140-odd stakeholders in health care reform were gathered to weigh in.

Representatives from labor unions, drug companies, hospitals, medical industry groups and members of Congress from both parties were invited. Optometry was not invited. And, it wasn't for a lack of trying.

The federal Medical Home System is being tested in Oklahoma with PCPs as the gatekeepers. As you read this, Oklahoma optometrists are losing their patients to ophthalmologists. It's time to understand

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and accept the simple truth; government, citizens' groups, institutions and third-party plans are in the position to choose, and they are demanding competent, board-certified practitioners. I recently learned that optometry is the only doctor-level health profession without board certification. We have a chance to correct that, but if board certification is rejected, we will be sending a clear message that optometrists don't value their profession enough to warrant continuing competency, that optometrists don't think that we should have the same level of quality assurance that other "doctors" offer the public, and that government and organized ophthalmology are right – we don't deserve a seat at the health care table.

The Board Certification initiative presents each of us with two very different decisions to make; one is a choice for optometry and the second is a personal choice. For our profession, I am convinced that we need to support the initiative starting with a "yes" vote by the AOA in June.

I was not fully persuaded-

ed to support board certification until I attended the Joint Board Certification Project Team (JBCPT) presentation at SECO. The presentation could not have been more inclusive, more transparent and more explanatory.

Every concern of every doctor present was welcomed and answered as completely as possible. The commissioners were questioned, challenged and personally queried on possible conflicts. To a person, the commissioners responded openly and candidly.

You also need to understand that a "yes" vote does no more than approve the concept and provide a path for the details to be presented, modified, approved and put into place going forward. A "yes" vote in June will put in motion the means for the new organization to seek out the input of the entire profession before implementing a process for board certification for our profession.

Clearly the job done by the JBCPT has not been anything less than solid,

See Letters, page 12

JBCPT hosts open forum at SECO

The Joint Board Certification Project Team (JBCPT) provided a detailed overview on the model framework for board certification at an open forum at SECO earlier this month.

The JBCPT, formed by six optometric organizations in 2007, released a model framework for a board certification process for optometry and began presenting it to leaders within the profession in January.

The first part of the Project Team's presentation elaborated on profession's need for board certification.

The Maintenance of Certification is where the action is. Our proposed process should allow us to do this better than any other profession.

As part of the evolution of health care in recent years, governmental programs that evaluate quality of care are increasing their references to board certification, maintenance of certification and continued competence.

In his "Call to Action Health Reform 2009" document, U.S. Sen. Max Baucus (D-Mont.), chair of the Senate Finance Committee,

made specific reference to Maintenance of Certification (MOC) and the Physician Quality Reporting Initiative "...to encourage more frequent and more aggressive recertification processes..."

"We cannot demonstrate continued competence beyond entry level in the same manner as other health care professions without board certification and maintenance of certification processes," said David Cockrell, O.D., AOA representative

on the JBCPT.

As proposed by the JBCPT, there would be two aspects of optometric

board certification:

- ❖ Educational requirements that must be met prior to taking an examination. These have been designed to include a broad range of activities to allow candidates many opportunities to achieve 150 points needed.

- ❖ A Patient Assessment and Management-like (PAM-like) examination to test knowledge in core cate-



Lisa Howard, O.D., president of the Kentucky Optometric Association, asks a question.



Members of the Joint Board Certification Project Team, from left, are Thomas Lewis, O.D., Ph.D., (American Academy of Optometry); Randolph Brooks, O.D., (AOA); David Cockrell, O.D., (AOA); Mary Jo Stiegemeier, O.D., (AAO); Arol Augsburg, O.D., (Association of Schools and Colleges of Optometry); Mary Phillips, O.D., (American Optometric Student Association); William Rafferty, O.D., (Association of Regulatory Boards of Optometry); Christina Sorenson, O.D., (ARBO); Jack Terry, O.D., Ph.D., (National Board of Examiners in Optometry); Donovan Crouch, O.D., (NBEO); and Larry Davis, O.D., (Association of Schools and Colleges of Optometry). Not pictured is Christopher Wolfe, O.D., (AOSA).

gories.

A PAM examination consists of simulated patient cases in which a scenario

with patient history and clinical data are presented.

The multiple choice questions would assess the candidate's ability to appropriately diagnose and treat the patient.

After initial board certification, MOC as a means of demonstrating continued competence is an important part of the model process. Self-Assessment Modules (SAMs) and Performance in Practice Modules (PPMs) designed to enhance knowledge and skills significant to the practice of optometry would be developed as additional activities in the MOC process.

"The Maintenance of Certification is where the action is," said Christina Sorenson, O.D., the Association of Regulatory Boards in Optometry (ARBO) representative on

the JBCPT. "Our proposed process should allow us to do this better than any other profession."

The JBCPT consists of representatives from the American Academy of Optometry (AAO), the AOA, the American Optometric Student Association (AOSA), ARBO, the Association of Schools and Colleges of Optometry (ASCO) and the National Board of Examiners in Optometry (NBEO).

The model framework for board certification includes the creation of the American Board of Optometry (ABO) to oversee the certification process.

The AOA House of Delegates will discuss the approval of the model framework at Optometry's Meeting® near Washington, D.C., in June.



Janet L. Carter, O.D., ARBO executive director, asks a question during the presentation at SECO.

Board certification

Project team takes questions about proposal

In order to shed further light on the proposed model for board certification, AOA News asked members of the Joint Board Certification Project Team (JBCPT) to answer common questions about the process. To submit a question to the team, write: questions@jbcpt.org.

Q: I'm not familiar with the term "medical home." Could you please explain?

A: The terminology "medical home" has been discussed for the past three to four years by the Centers for Medicare & Medicaid Services (CMS) as it looks for a way to group patients and control increasing health care costs. Central to the medical home approach is the premise that patient-centered care requires a fundamental shift in the relationship between patients and their primary care physicians. There must be a higher degree of personalized care coordination, access beyond the acute care episode, and identification of key medical and community resources to meet patients' needs. The basic premise of this concept is that care that is managed and coordinated by a personal physician, with the right tools, will lead to better outcomes and cost savings.

Q: We have all sorts of levels of licensure and scope of practice now. Won't this just make a bad situation worse?

A: Any board certification process that is adopted by the profession would be national in scope so that the federal government, managed care organizations, consumer advocacy groups and other concerned parties would have a single set of criteria for evaluating continued competence and quality of care optometrists deliver.

It is important to note that board certification is not tied to licensure or scope of practice. Becoming board

certified would not change state regulations or laws that are regulated by your state board and your legislature.

Q: How many ODs do you expect would go through this process?

A: The process would be voluntary. Given that this is a professionwide effort being undertaken by six optometric organizations with significant input from the profession, the expectation is that eventually the majority of practicing optometrists would become board certified.

Q: Will board certification, by and for optometrists, be recognized and accepted by the public, government and third-party entities?

A: Any board certification process we endorse will be designed to be verifiable, credible and able to bear the scrutiny of any outside organization. It will also be designed to help the profession provide the best possible eye care to our patients.

We believe that as long as we develop the process with these issues in mind, we will be prepared for review by outside organizations.

Q: Has the AOA Board of Trustees already decided that we are having board certification regardless of what AOA members or other organizations think?

A: No, at this time no decisions have been made except that the profession needs a board certification model to discuss and consider.

The project team has been studying the issue and has proposed a model for the profession to discuss and evaluate. The next step is for each of the groups represented by the project team to review the model, get input from their members and determine whether and how they want to move forward with the process.

Q: Can't we address this need with an easier process

that doesn't require any testing?

A: A process that is not credible will not be accepted by third-party payers, state and federal governments or the public. Testing, combined with other educational requirements, is necessary in order for this to be a respectable, credible process.

Q: Like family medicine, do you envision that future graduates will be required to complete a residency?

A: We don't know the answer to that yet. The certification mechanism that we are discussing will not require a residency, although recent residencies will count toward the educational requirement to sit for the board certification examination.

In the future, it is likely that there will be more residency programs available for our graduates. Eventually, board certification might require residencies; however this is years away and beyond the scope of our current model.

Q: Is the model for continued competence similar to that of medicine, where there are requirements to be completed over a period of time?

A: We believe that it will be important for optometrists to have initial board certification and then maintenance of certification over the subsequent 10-year periods.

We want optometry's board certification process to be just as verifiable and just as credible as any in medicine.

At the initiation of a process of board certification for optometry we would not have a residency requirement, but there is precedence for this in other professions. Moreover, since it is the maintenance of certification that is the real thrust of board certification, we can meet any other profession's rigor, step for step.

Q: Why use the term "board certification?" Why don't we use "advanced competence" or some other term?

A: We learned early on that the term "board certification" is the commonly accepted nomenclature used to denote continued competence in health care.

It's a term that the public knows and understands. It is also the common currency in the health care lexicon used to evaluate and demonstrate continued competence of a practitioner.

Q: Will the Joint Board Certification Project Team answer every question that

is asked of them?

A: The Joint Board Certification Project Team would like to be able to answer each question individually. However, since many questions received are similar, and the answers could benefit others, the Project Team will regularly use this Questions & Answers format, when feasible.

Also, because the mission of the Project Team was to develop a model, some details have not been developed, with those details left to the American Board of Optometry, if board certification goes forward and a certifying board is appointed.

Win prizes, attention in AOA Photo Contest

As a way of building a storehouse of arresting and beautiful photos, the AOA announces its first photo contest. Open to AOA member ODs, American Optometric Student Association (AOSA) member students and



Paraoptometric Section members, the contest's top prize in each category is \$500 cash. All participants will have a chance at seeing their photography in AOA publications or online media.

Prizes:

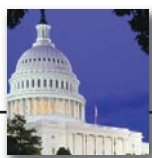
There will be one \$500 cash winner in each of four categories: Practice Settings, Special Populations (children, seniors, disabled or diverse), Community, and Events. The first finalist in each category will win an AAXA Pico Projector, a pocket-sized LCD projector valued at \$259. The second finalist will win a digital picture frame valued at \$125. The third finalist and the Altered Image winner in each category will each receive a "gallery-wrapped" 16 by 20 print of their winning photo. In addition, an entrant chosen at random – and his or her guest – will be invited to meet Jeff Foxworthy at Optometry's Meeting® for a photo session.

Contest dates:

The American Optometric Association's Photo Contest begins April 1, 2009, and ends May 15, 2009, at 2 p.m. Central Daylight Time (CDT). By submitting an entry, each contestant agrees to the rules of the contest.

Eligibility:

Members of the AOA, the AOA Paraoptometric Section and the AOSA are eligible. For details and to submit photos, visit www.aoa.org/photocontest.xml.



EYE ON WASHINGTON

FTC moves forward with identity theft 'Red Flags' rule

The Federal Trade Commission (FTC) recently rejected requests from physician associations to not subject physician practices to the "Red Flags" rule, which requires creditors to establish programs to prevent and detect identity theft. The FTC continues to maintain that doctors are "creditors" subject to the rule because they receive payment for services after the services are provided.

The rule took effect Nov. 1, 2008, but the FTC, aware that many affected businesses were unprepared to meet the requirements, decided to delay enforcement until May 1. The AOA Advocacy Group reported this delay last November: <http://www.aonews.org/x8798.xml?AOAMember>.

The FTC "Red Flags" rule, which is based on the Fair and Accurate Credit Transactions Act of 2003, states that any organization acting as a creditor or that maintains covered accounts "must have identity theft pre-

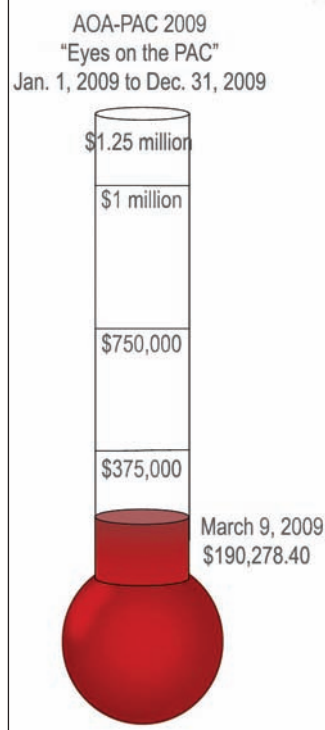
vention programs in place... to identify, detect, and respond to patterns, practices, or specific activities that could indicate identity theft."

A 2006 survey found that 4.5 percent of 8.3 million identity theft victims experienced some form of medical identity theft, including victims who had health insurance policies or health care treatment fraudulently obtained in their names.

The FTC believes that when a physician submits an insurance claim and then bills the patient the remaining balance, the doctor is deferring the patient's share of the bill and thus acting as a "creditor."

According to recent correspondence from FTC to the physician community, the identity theft prevention programs are required but they should be a low burden for physician practices that do not have a high risk of identity theft.

The FTC wrote that physicians should first assess



the risk of identity theft in their practices, and then implement a written prevention program. For most physicians in a low-risk environment, the FTC suggested that an appropriate program might consist primarily of checking patients' photo identification at the time services are sought.

The AOA Advocacy Group was disappointed with this response from the FTC and will seek other ways to relieve members of this burden, minor or not. However, for practical purposes, the AOA is moving forward with plans to develop compliance guidance for AOA members.

Survey says

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reviews, and on-target strategies for helping your practice succeed. To help us in our efforts, please take a few moments to fill out a brief survey. Results will be used to help shape future content of *Optometry*, and ensure we are delivering information in a way that best suits your practice. Visit <http://tinyurl.com/d2clz8>.

AOA-PAC looking for ODs signed on as 'Life Members'

AOA-PAC is trying to identify AOA-PAC "Life Members." In the late '80s and early '90s, the PAC developed this giving level to sign up "high-dollar donors" - \$1,000 over a few years. If you signed up to be an AOA-PAC life member, contact Julie Trute in the Washington office at jltrute@aoa.org or 703-837-1376.

Clarification: Medicare ABN requirement stays

The U.S. Centers for Medicare & Medicaid Services (CMS) released a revised version of the Advance Beneficiary Notice of Noncoverage (ABN) form (CMS-R-131), which physicians are required to use effective March 1.

The AOA Third Party Center reminds members that Medicare ABN policy remains the same even though the ABN form has changed. A headline in the Feb. 23 edition of the AOA News may have confused practitioners about Medicare's ABN requirement.

Because Medicare only covers eyeglasses following cataract surgery and for those with congenital or acquired aphakia, optometrists are not required to issue an ABN when they provide eyeglasses to other Medicare beneficiaries, the AOA Third Party Center notes.

"An ABN must be issued to a Medicare patient when the service or material provided to the Medicare beneficiary is covered by Medicare under some circumstances, but may not be covered by Medicare under that patient's particular circumstances," noted Charles B. Brownlow, O.D., associate director for the AOA Third Party Center.

"For example: an ABN is required if services such as visual fields, retinal photos, or OCT are provided but the patient's diagnosis is not listed in the Medicare carrier's local coverage determinations (LCDs) as evidence that those services are medically necessary. That is, the services could be covered if the diagnosis makes them medically necessary," Dr. Brownlow explained.

Similarly, an ABN is required if post-op lens extras such as tints, anti-reflective coating, or oversized lenses are ordered by the patient, as a matter of personal preference, but are not specifically prescribed by the optometrist, he added. (Such lens features are covered by Medicare if specifically prescribed by the eye care practitioner.)

"Because Medicare covers eyeglasses only under very limited circumstances - one pair following each cataract surgery - the government health plan does not require optometrists to issue ABNs every time they provide eyeglasses to a Medicare beneficiary," Dr. Brownlow noted.

"However, for virtually any other service or item that is covered by Medicare under some cases - but not in a particular patient's case - an ABN is required," Dr. Brownlow said.

Dr. Brownlow offered this additional clarification as he expressed concern that a headline in the Feb. 23 edition of the AOA News may have confused practitioners about the ABN requirement. More information about the ABN, including access to the ABN form itself and links directly to the CMS guidelines for its use, visit the AOA Web site at www.aoa.org/abn.xml.

EHR, from page 1

ners submitted an application to the CCHIT for approval and fast-track of the development of an eye care EHR certification. That was followed by a joint comment letter on the decision by the CCHIT to move forward with plans to develop four new certification programs, including eye care EHR certification, for launch in 2011.

CCHIT certification meets CMS requirements as a "qualified" e-prescribing system. Physicians using a qualified system in 2009 can earn a 2 percent bonus payment in Medicare. The e-prescribing provisions were a part of the AOA-backed Medicare Improvements for Patients and Providers Act of 2008. To learn more about these provisions and how they affect optometry, visit: www.aoa.org/documents/AOA-Eprescribing.pdf.

With the American Recovery and Reinvestment Act of 2009 (the "stimulus bill"), Congress provided additional incentives worth up to \$44,000 in Medicare for using a "certified" EHR beginning in 2012. But as of press time the CMS had not yet specified which "certification" would suffice. The AOA will provide more information as it becomes available.

Vision community unites to observe World Glaucoma Day on Capitol Hill

To recognize the second annual World Glaucoma Day (WGD) on March 12, the Association for Eye and Vision Research (AEVR) sponsored a March 10 Capitol Hill briefing to educate members of Congress and their staffs.

The event was timely, as the Senate was passing the Fiscal Year (FY) 2009 Omnibus appropriations bill, which increases National Eye Institute (NEI) funding by \$21.4 million over FY2008.

That annual spending increase, coupled with the \$175 million in two-year funding for NEI research from the American Recovery and Reinvestment Act of 2009, means nearly \$200 million more for vision research.

In introducing the briefing, AEVR Executive Director James Jorkasky read from a March 6 statement issued by the NEI in which Director Paul Sieving, M.D., Ph.D., noted that NEI currently spends \$65 million in support of 168 glaucoma studies, including the newly initiated NEI Glaucoma Human Genetics Collaboration, known as NEIGHBOR, through which seven U.S. research teams will lead genetic studies of the disease.

The featured speakers included Murray Fingeret, O.D., of the Brooklyn/ St. Albans Campus of the Department of Veterans Administration New York Harbor Health Care System, who spoke about the incidence and burden of the disease.

"Glaucoma prevalence in the U.S. is 2.2 million individuals and approaching 60 million individuals globally. However, anywhere from 50 to 75 percent of individuals with glaucoma are undiagnosed, as it often has no symptoms until vision is lost," Dr. Fingeret said.

Rohit Varma, M.D., M.P.H., of the University of Southern California's Doheny

Eye Institute, spoke about research and treatments.

"Researchers are studying the genetic basis of glaucoma and using genes to determine a potential response to medical treatment, that is, prior to treating, knowing how a drug is going to work," Dr. Varma said.

Both speakers had participated in a March 13-14, 2008, joint NEI/ Food and Drug Administration (FDA) Glaucoma Endpoints meeting at which researchers acknowledged that glaucoma is a complex, neurodegenerative disease in which detectable changes within the eye may not progress linearly or in concert with functional changes, that is, vision loss.

AEVR was joined by the American Glaucoma Society, the Association for Research in Vision and Ophthalmology, the Glaucoma Research Foundation, and The Glaucoma Foundation (TGF) in sponsoring the briefing.

TGF President and Chief Executive Officer Scott Christensen announced that his organization and the



From left, Rohit Varma, M.D., M.P.H.; Murray Fingeret, O.D.; and Rep. John Boozman, O.D. (R-Ark.). Rep. Boozman sponsored the Military Eye Trauma Treatment Act that created the Vision Center of Excellence and Military Eye Trauma Injury Registry within the Department of Defense.

Congressional Glaucoma Caucus would assist the World Glaucoma Association with a March 11 glaucoma screening event at the United Nations in New York City, conducted by a dozen eye specialists from the New York Eye and Ear Infirmary.

The events on Capitol Hill and at the United Nations are just two of the many hundreds of events held around the globe during the week in recognition of World Glaucoma Day.



The Glaucoma Foundation's Scott Christensen announces a glaucoma screening event to be held on March 11 at the United Nations in New York City.

Artwork offers high-end patient education

To enhance patient care and education efforts, the AOA is introducing three new, striking components that complement the Eye Disease Awareness and Management program.

Digitally painted, museum-grade canvas gallery prints focused on glaucoma, macular degeneration and diabetic retinopathy are now available.

These large-format, 20-inch by 24-inch 'gallery-wrapped' prints feature important visual messages that create an AOA-member-branded collection to enhance patient counseling.

Prints arrive with hardware and are ready to hang with no framing costs.

The prints may be purchased individually or as a collection, depending on the needs of the office space.

The prints cost \$89 each.

Order item # GP-1: Gallery Print - Glaucoma

Order item # GP-2: Gallery Print - Macular



Degeneration

Order item # GP-3: Gallery Print - Diabetic Retinopathy

To order, contact the Order Department at 800-262-2210.



EYE ON WASHINGTON

Database, from page 1

subsidiary of UnitedHealth Group, has been the self-described “industry leader” in developing data on exactly what health care providers usually charge for various services.

United and virtually all the rest of the nation’s largest health insurers have relied on the Ingenix database to determine their usual and customary rates, the New York attorney general says.

In all, some 1,500 insurers subscribe to Ingenix’s statistical services, according to the company Web site.

Many of those insurers use model UCR fee schedules developed by Ingenix as a basis for their own.

However, the New York attorney general’s investigation found the Ingenix UCR data to be flawed.

His investigation found Ingenix conspired with insurers to manipulate data and develop UCR rates that have been up to 20 percent below fair market value.

The skewed UCR data was the product of a “conflict of interest” with Ingenix relying on data submitted selectively by its client insurers, the state attorney general’s office said.

As a result, health care practitioners have frequently been under-reimbursed by insurance plans for out-of-network care, the New York attorney general concluded.

Two days after the settlement with the New York attorney general was announced, United agreed to pay \$350 million to settle a class action lawsuit, filed by the American Medical Association (AMA) and two state medical associations in 2000 on behalf of physicians and patients, alleging the company’s health plans had used flawed Ingenix data to justify low reimbursement for out-of-network care.

Allegations in the state attorney general’s investiga-

tion and the AMA lawsuit closely resemble the findings of a Massachusetts appellate court, which in January ruled that the Ingenix database did not provide an accurate representation of prevailing provider charges.

The appellate court found that Ingenix could not prove that its underlying data was accurate, that it was a fair representation of provider charges in an area, or that the results were anything more than “dollar amounts resulting from the statistical extrapolations from whatever bills were actually included in its database.”

The Massachusetts ruling came in a suit filed by a chiropractor against Liberty Mutual Insurance after the plan, based on Ingenix data, issued him a UCR reimbursement instead of his full requested payment.

As part of the New York attorney general’s settlement, United pledged \$50 million to support the development of the new, independent UCR-setting entity and to stop using Ingenix UCRs in its rate-setting.

Shortly thereafter, Aetna entered an agreement with the New York attorney general to cease use of Ingenix UCR databases and provide \$20 million to support the new nonprofit UCR entity.

The New York attorney general’s office said it would continue to pursue agreements with other insurers.

The office issued subpoenas to 16 insurers in the course of its investigation.

In early February, the AMA and some state medical associations filed a suit against Cigna and Aetna, similar to one that the association recently settled with United.

Impact of UCR suits on optometrists

“It is likely that some payers’ reimbursement schedules for care provided by doctors of optometry have also been tainted by the UCRs (Usual, Customary and Reasonable fees) created by Ingenix,” said Charles B. Brownlow, O.D., associate director of the AOA’s Third Party Center.

“Every provider should review all contracts with insurers to see whether the contract cites Ingenix fee schedules, UCRs, relative values or conversion factors as the basis for creating reimbursement schedules,” he said.

“If the name Ingenix is associated with the schedule, it is possible that the insurer will be redoing its reimbursement schedule, based on newly created UCRs. Providers may wish to be proactive and contact such

insurers, refer to the Ingenix data and the settlements, and ask that their contracts be reopened and the reimbursement schedules redone,” Dr. Brownlow said.

The AOA Third Party Center is aware of some insurers that have used Ingenix information in their preparation of reimbursement schedules and is in the process of developing a strategy for working with those insurers, Dr. Brownlow added.

AOA members can report on their experience with insurers known to have used Ingenix data by e-mailing Dr. Brownlow at cbbrownlow@aoa.org.

A more detailed discussion of the Ingenix issue will appear in the May issue of *Optometry: Journal of the American Optometric Association*.

**Hurricane Katrina.
Hurricane Rita.
Hurricane Wilma.
Tornado - Greensburg, Kansas.
California Wildfires.
Midwest Floods.
Hurricane Gustav.
Hurricane Ike.
Called upon to help optometrists 245 times.
\$407,000 total in grants delivered.**

You don't plan on being next, but we plan to be there for you when you need us most. Through Optometry's Fund for Disaster Relief, Optometry's Charity™ makes sure that it takes care of members of the optometric family when disaster strikes.

Our emergency disaster relief grants allow optometrists to get back to the business of taking care of their patients as quickly as possible.

Please do your part in making sure we are always ready to answer the call. To donate to the fund, please visit www.optometrystharity.org; call 800-365-2219, ext. 4200; or send your check to OFDR, 243 N. Lindbergh, Floor 1, St. Louis, MO 63141.



Optometry's Charity™ - The AOA Foundation 243 N. Lindbergh Blvd., St. Louis, MO 63141 800-365-2219

Optometry's Charity™ - The AOA Foundation takes forefront in profession's charitable efforts

For years, the AOA has supported charitable efforts relating to eye health and vision care. For this reason alone, it was evident that the AOA should have its own foundation.

Established in 2006, the mission of Optometry's Charity™ - The AOA Foundation is to advance the eye health, vision care, and general well-being of the public through scientific, educational, charitable and general public service activities of the profession of optometry.

Optometry's Charity™ oversees several entities, including two community health programs.

❖ Since 1991, VISION USA has served America's working poor by providing eye exams and corrective lenses, when necessary.

Currently supported by a grant from The Alcon Foundation, VISION USA has 3,500 providers and has served more than 95,000 individuals since 2001.

❖ In 2005, the InfantSEE® program began providing a one-time, no-cost assessment to infants between the ages of 6 months and 12 months.

Supported by a unique partnership between the AOA and Vistakon®, a Division of Johnson & Johnson Vision Care, Inc., InfantSEE® now has nearly 7,500 providers and continues to work diligently to weave infant vision care into the fabric of the nation's health care agenda.

A \$430,000 grant through the Centers for Disease Control and Prevention (CDC) allows InfantSEE® to pilot various marketing techniques to raise awareness and measure their effectiveness.

Lessons learned from the CDC grant will be evaluated and applied to make the current InfantSEE® program even better moving forward.

❖ Since September 2005, Optometry's Fund for Disaster Relief has provided 245 grants totaling \$407,000 to optometrists in need fol-

lowing a natural disaster.

Disasters aren't timed or planned, yet Optometry's Fund for Disaster Relief must always remain ready and able to meet the needs of affected optometrists at a moment's notice.

The foundation will continue to aggressively raise monies to support Optometry's Fund for Disaster Relief. Be sure to attend the Foundation's Gala at Optometry's Meeting® on Wednesday, June 24, 2009. The proceeds from the evening will go toward Optometry's Fund for Disaster Relief.

❖ Additionally, the foundation oversees scholarship grants for educational assis-

tance, the Book of Memory & Tribute, along with the museum and archives for the optometric profession.

The Board of Directors for Optometry's Charity™ represents esteemed stakeholders in the optometric community: Irving Bennett, O.D., president; Richard Hopping, O.D., vice president; David Cockrell, O.D., secretary-treasurer; Paul Berman, O.D., member; Mike Daley, member; Martha Rosemore Greenberg, O.D., member; Ben Lynch, member; and David Sattler, member.

Shannon Reynolds Torbett, MHP, was named administrative director of the foundation in mid-2008. She has assembled a highly quali-

fied team to support the organization's mission. These individuals include: Julie Mahoney, administrator, Community Health Programs; Mark Schwartz, MPH, CDC program manager - InfantSEE®; Sara Breed, foundation coordinator; Melanie Carlson, community health coordinator; and Linda Draper, librarian.

With strategic ties to the AOA, strong volunteer leadership and generous donors, Optometry's Charity™ is poised, in spite of the nation's current economic state, to strengthen the VISION USA and InfantSEE® programs, through provider recruitment, patient education and program assessment over the

next year.

Additionally, the foundation is exploring various funding sources to support all the entities of the organization.

The foundation's board is focused on creating partnerships with individuals, foundations and industry outside the traditional optometric/ophthalmic community.

Investment by a balanced group of donors will help secure the long-term funding of the entities of the foundation and will benefit optometry as a whole.

Please use the gift envelope enclosed in this issue to make your investment in Optometry's Charity™ - The AOA Foundation.

Foundation calls for nominations for Sullins award

Optometry's Charity™ - The AOA Foundation and the InfantSEE® program invite the optometry community to submit nominations for this year's Dr. W. David Sullins, Jr. InfantSEE® Award, which honors Dr. Sullins' inspiring and passionate leadership as a driving force in the profession of optometry.

A memorial fund was established after his passing in 2005 and led to the creation of this award.

The Dr. W. David Sullins, Jr. InfantSEE® Award recognizes an individual doctor of optometry who has made significant contributions to optometry or his/her community for outstanding public service involving the InfantSEE® program.

The award will be presented at Optometry's Meeting® to be held near Washington, D.C., from June 24-29, 2009. The recipient will receive a \$1,000 travel grant and gold medallion.

Nominations for the Award may be submitted by InfantSEE® State Leaders (ISLs), any member of the AOA, any faculty member of the schools and colleges of



Scott Jens, O.D., presents Marla Moon, O.D., of State College, Pa., with the InfantSEE® program's third Dr. W. David Sullins, Jr. Award at the 2008 Optometry's Meeting®.

optometry, AOA committees, councils, sections, groups, AFOS, affiliated associations and societies, and other optometric organizations.

Nominees must be doctors of optometry who meet the following criteria established for the award:

1. Service to InfantSEE® (75- point maximum) - Contributions of personal time and effort in the public/community in such areas as:
 - ❖ An active InfantSEE® provider in good standing as of March 1, 2009
 - ❖ Presenter or enrollee in continuing education specializing in eye and vision care of

the infant population within the past three years

- ❖ Provide at least two examples of community outreach regarding InfantSEE® with measurable results
2. Service to optometry and special service (25 point maximum) - Involvement on behalf of the profession of optometry, in such areas as:
 - ❖ Leadership roles within the profession
 - ❖ Contributions of personal time and effort with professional health care organizations, military service, committees, boards or groups
 - ❖ AOA member in good standing

All nominations for the

award should conform to the following requirements:

1. Nominations are to be submitted on the official award nomination form.
2. A type-written statement not to exceed 1,500 words should accompany the official nomination form. This statement should amplify and substantiate the reasons why the nominee should be considered for the recognition. It should explain the nature of the individual's public service/contribution for InfantSEE®.
3. A brief type-written biographical sketch.
 - a. Please note that the recipient of the award will be asked to provide a current, head and shoulders photograph for publicity (electronic photo preferred).
4. All nominations for the Award are to be received by April 10, 2009.

Nominations may be e-mailed to JMMahoney@aoa.org or mailed to: Optometry's Charity™ - The AOA Foundation
Dr. W. David Sullins, Jr.
InfantSEE® Award
Attn: Julie Mahoney
243 N. Lindbergh Blvd.
1st Floor
St. Louis, MO 63141

Letters,

from page 5

well-considered, selfless, time-consuming work – and every member of the joint commission deserves our thanks. Sadly, in a room that had at least 500 seats, only 40 to 50 ODs attended. The other 400+ empty seats at the session were mute, but nonetheless spoke vol-

umes.

After I returned home from SECO, a most remarkable thing happened. I was browsing through the local newspaper and happened upon an article about a physician-turned-photographer that brought the whole BC issue back into singular

focus. In the article there was a significant quotation from the doctor. He said, “I was an emergency room director at a hospital in Bozeman and I lost my job because I wasn’t board certified.”

Like the MD in that article, each of us will have

the choice to become board certified. That choice is personal and voluntary. However, the other choice we make will be for our profession, and that choice cannot be one of inclusion or exclusion.

I have no illusion that board certification is the

universal remedy for all that needs fixing in optometry and I’m pretty sure that having board certification won’t magically open every government, third-party or citizens’ group door. What I am sure of is that there is a strong possibility that if we make the wrong choice, optometry – just as did the MD in the newspaper article – could lose its job.

We must not let that happen. A “yes” vote in June will establish that optometrists confidently accept board-certified continuing competence just as other physicians have done.

Mike Cohen, O.D.
Sandy, Utah

Editor:

After a bad experience with another local doctor, I was able to obtain an appointment with Patricia Gates, O.D., of Coos Bay, Ore. Combined with my previous bad experience and my own fear of going to a doctor, I was very uneasy—but Dr. Gates, realizing my anxiety, did all she could to make me feel at ease. I have, as stated, been going to Dr. Gates for several years.

I have had the very best of care by her and her staff.

Dr. Gates is so knowledgeable about her profession. She has the very best and latest equipment to care for your eyes.

I have glaucoma in my right eye and she has seen that it is kept well under control. Dr. Gates is never too busy to talk to you and answer any questions. She cares deeply about your eye care and also your well-being.

I am so grateful to the other doctor as it gave me the great opportunity to be a patient of Dr. Gates. I know I am getting the very best care possible.

Sharon R.
Coos Bay, Ore.

A Survival Strategy for Your Continued Success in Uncertain Times



You’ve worked hard to succeed at your profession. But what would happen to your financial future if something unexpected happened to you?

Your livelihood depends on your ability to care for your patients. How would your practice survive if you found yourself sidelined with an injury or sickness?

You need a solution with the flexibility to help meet your specific needs – whether you have a solo practice or group practice and work part-time.*

Or you may risk finding your most important financial assets – as well as your hopes and dreams – teetering on the brink of disaster.

AOA GROUP INSURANCE PROGRAM

Endorsed Member Benefits Tailored Exclusively for Optometrists

The American Optometric Association is proud to offer our members a premier selection of insurance plans designed to meet the unique requirements of today’s eye-care professional.

This AOA-endorsed coverage provides greater security for your practice no matter what the future may hold. It helps you protect and preserve the financial success you’ve worked so hard to build.

Simply put, the AOA Business Overhead Expense Insurance Plan can help you keep your practice running by providing the cash you need to pay your bills. The benefits include:

- ▶ A monthly benefit of up to \$15,000.00 for up to 18 months to help you pay major office expenses, which may include
 - Employee salaries
 - Rent
 - Interest on business loans
 - Utilities
 - Professional membership fees
 - Business and professional liability insurance premiums
 - Other monthly business bills
- ▶ Flexibility to help meet your specific need – whether you have a solo practice, group practice or work part-time.

And of course, AOA Business Overhead Expense Insurance is offered at special “members only” pricing – which makes this critical business protection an even greater value.

*Part-time must be at least 20 hours a week.

Call **1-866-331-0180** or log onto **www.aoinsurance.com** for more detailed information on this important coverage for your practice.

The policies or its provisions may vary or be unavailable in some states. The policies have exclusions and limitations that may affect any benefits payable. Contact your plan administrator for specific coverage provisions or refer to Master Policy 1082. Underwritten on form ADI-4001A(UIC) by Unimerica Insurance Company, Association Administrative Address 145 Commercial Street, Portland, ME 04101.



21641 © 2009 AGIA

Active paraoptometric member survey reveals scope of profession

A recent membership survey conducted by the Paraoptometric Section (PS) of the AOA evaluated the current scope of paraoptometry, including employee benefits, satisfaction, certification and valued benefits.

The survey, conducted in December 2008, represents 10 percent of the active PS membership. It found that four out of five PS members work for an optometrist, with nearly half working in a solo practice.

Five percent of respondents work for the Armed Forces, the Department of Veterans Affairs or the U.S. Public Health Service.

Career longevity was an even stronger trend, with nearly a quarter of respondents working in the field for more than 20 years.

According to respondents, paraoptometrics perform a variety of services, including:

- ❖ Receptionist duties: 80 percent
- ❖ Contact lens dispensing/training: 78 percent
- ❖ Clinical procedures/pretesting: 77 percent
- ❖ Administrative duties: 71 percent
- ❖ Dispensing and frame sales: 68 percent

A majority of respondents (64 percent) work 25 to 40 hours in a work week, and 31 percent work 40 to 60 hours.

Benefits

Paraoptometrics recorded receiving a variety of standard

benefits.

Ninety-one percent offer holidays with pay, 86 percent offer vacation with pay, and 61 percent offer retirement packages.

Nearly three-fourths (74 percent) receive health coverage through their employer. Of those, the employer pays partial premiums 40 percent of the time, and 27 percent of employers pay the entire premium.

Only 19 percent of responding paraoptometrics earned a base salary of more than \$35,000 per year.

Continuing education support

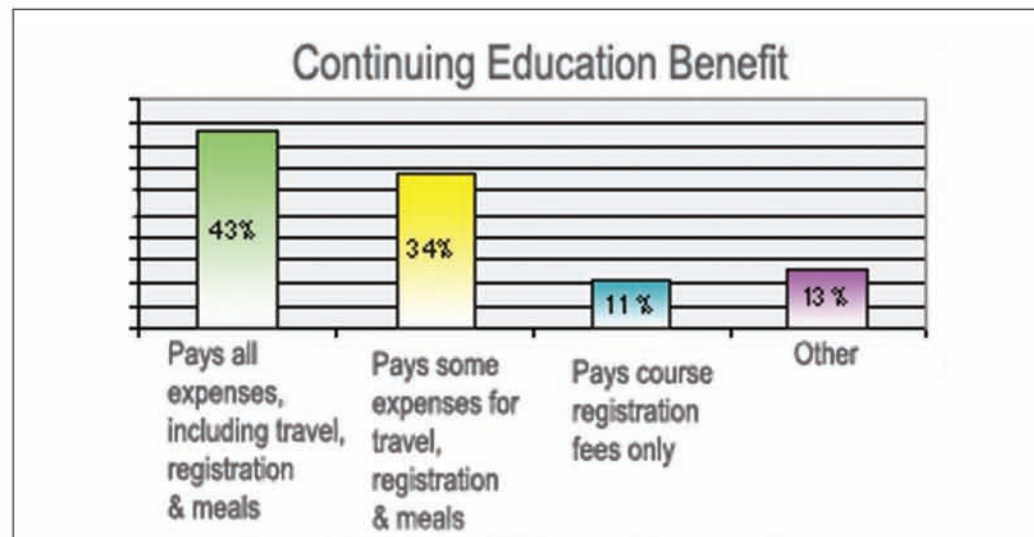
The survey showed employer support for continuing education (CE) with 43 percent of respondents who say their employer pays for all expenses, including travel, registration and meals for CE and training.

Nearly half (48 percent) said both the employer and employee make the final decision on CE courses taken.

However, respondents did indicate that travel (66 percent) and lodging costs (58 percent) are the biggest barriers to attending state and national meetings.

Despite the barriers, 77 percent said their employer encourages participation in local, state and national paraoptometric associations.

Fifty-eight percent said their employer pays for their membership in such organizations.



Employment satisfaction

Overall, 95 percent of respondents said they are satisfied with their employment (64 percent are very satisfied and 31 percent are somewhat satisfied).

Fifty-three percent felt an increase in pay and/or improved benefits would increase satisfaction with their employment, and 34 percent thought better communication between doctors and staff would be helpful.

Certification

Respondents showed their commitment to not only education but also paraoptometry as more than two-thirds of respondents (67 percent) viewed their employment as a paraoptometric as a profession.

Ninety-two percent of respondents were certified, and 95 percent of those certified were certified by the AOA Commission on Paraoptometric Certification (CPC).

Thirty-six percent of those certified were CPC-certified at the Certified Paraoptometric Assistant (CPOA) level.

Half (50 percent) said their employer gave them recognition for becoming certified.

PS benefits

Respondents ranked the top five most used AOA PS benefits as: AOA publications (77 percent), free online CE articles (46 percent), PS newsletter (43 percent), reduced registration at Optometry's Meeting® (36

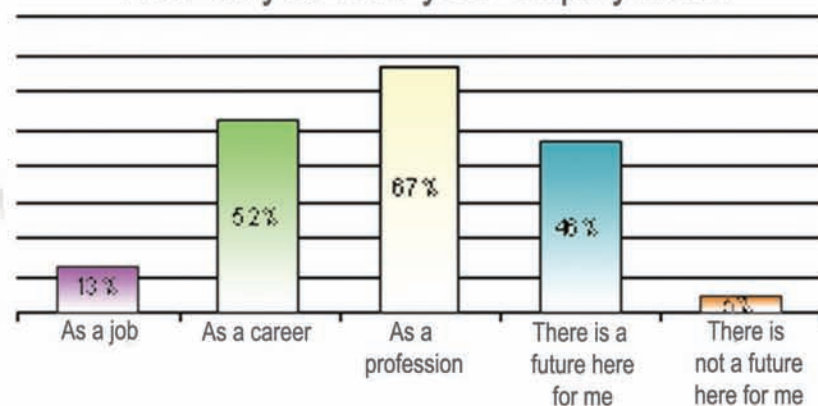
percent), and access to Web-protected pages (36 percent).

Respondents ranked the top five most valuable PS member benefits as: online CE articles (90 percent), AOA publications (62 percent), discounts on educational materials (60 percent), reduced registration fees at Optometry's Meeting® (54 percent), and the Article Archive for CE (46 percent).

For full survey results, visit www.aoa.org/x11888.xml.

For more information on the Paraoptometric Section, visit www.aoa.org/x4932.xml or e-mail PS@aoa.org.

How do you view your employment?



LVU announces golf tour

Kemin Health is sponsoring a free three-hour, COPE-approved Low Vision University™ (LVU) educational program at the Principal Charity Classic Champions Tour in May.

The program will be held at the Glen Oaks Country Club, West Des Moines, Iowa, which hosts the golf tour, on Saturday, May 30, 2009, from 8 a.m. to 11 a.m.

LVU is an educational program developed by the AOA Low Vision Rehabilitation Section (LVRS) to provide primary care optometrists with the information needed to begin providing low vision rehabilitation in their practices to individuals with age-related vision loss.

Low vision rehabilitation is an important component in the continuum of care for individuals with vision loss. Low vision rehabilitation and nutritional supplements are the only non-surgical treatments currently available for the majority of people with age-related vision loss.

LVU participants will receive a complimentary ticket to attend the golf event on Saturday and a free VIP parking pass. Register online for the Low Vision University™ by visiting the AOA LVU registration Web page at www.aoa.org/x11836.xml.

For more information, contact Sections Coordinator Alisa Krewet at 800-365-2219, ext. 4137 or e-mail AGKrewet@aoa.org. Early registration is recommended because space is limited.

SUNY scientists awarded grant for eye injury research

Ocular wounds have become among the most common and devastating form of battlefield injury.

An estimated 10 to 13 percent of wounded Iraq war veterans have sustained direct and penetrating eye damage.

Recently, Distinguished Teaching Professor at the State University of New York (SUNY) College of Optometry Peter Reinach, Ph.D., and Maj. Jose Capo-Aponte, O.D., Ph.D., adjunct research associate, received a one-year, \$235,000 grant

from the U.S. Department of Defense to identify novel strategies to reduce ocular injury-induced persistent and severe corneal inflammation and restore tissue transparen-

cy. His research may lead to the identification of novel drug targets to improve restoration of corneal trans-

persists despite corneal wound closure.

important line of investigation which has the potential to have a significant impact on the standard of care for eye injuries. Drs. Reinach and Capo-Aponte and their long

Troilo, Ph.D., vice president for Academic Affairs.

Dr. Reinach has received numerous grants from the National Eye Institute for his research on the control of corneal epithelial proliferation.

In 2003, he received the SUNY Chancellor's Award for Outstanding Scientific Achievement.

Maj. Capo-Aponte is the deputy director, Sensory Research Division of the U.S. Army Aeromedical Research Laboratory at Fort Rucker, Ala.

An estimated 10 to 13 percent of wounded Iraq war veterans have sustained direct and penetrating eye damage.

cy.

According to Dr. Reinach, this debilitating and sight-compromising inflammatory condition frequently

parency without compromising other ocular responses that are beneficial for corneal health and transparency.

"This is an extremely

history of research collaboration, are tremendous assets to this college and to the men and women serving in the armed forces," said David

Business Overhead Expense Insurance

A Special Note to our Members

Insurance is frequently a necessity, not an option. As an eye-care professional, you have many choices, some which are far superior to others. We believe that it's important that we all become better informed consumers when it comes to selecting insurance.

That's why we are offering a series of expert articles on the fundamentals of available insurance that can help protect you, your family, and your practice. We begin by discussing coverage that is specially designed to meet the unique requirements of optometrists -- Business Overhead Expense Insurance.

T. Joel Byars, O.D.
Chairman, AOA Insurance Committee

How long would your business survive if you were temporarily disabled? How would you pay the salaries of your employees and meet your monthly expense obligations? Some statistics would have you believe at least 50% of persons aged 35 will suffer a disability lasting at least 90 days before they attain the age of 65.

When a disability occurs, generally three things are sure to happen to a business owner:

- their regular living expenses will continue to occur;
- business expenses will continue to occur; and,
- at this most inopportune time, the income earned from the business will be severely interrupted.

Business overhead expense (BOE) insurance is designed to reimburse a business for overhead expenses in the event a business owner becomes disabled. This is not the same as personal disability insurance which usually pays benefits to age 65. A business overhead expense policy pays a shorter benefit of one to two years after a waiting (elimination) period. It is generally considered that no business can stay open more than two years if the owner is disabled and the business will either be shut-down or sold.

These policies also work where there is more than one owner. If there is a business partner each partner can take out a policy to accommodate their share of the expenses.

The premiums paid for the business overhead expense insurance is a legitimate, tax-deductible business expense; however, the benefits are treated as taxable income when paid.

Generally, there are two conditions which must be met to trigger the payment of benefits:

- total disability due to injury or sickness must be present and
- the expenses covered by the policy must be incurred during the disability.

Typically, eligible business overhead expenses are:

- employee salaries
- employment taxes
- employee benefit costs
- rental payments for property and equipment
- principal and interest on mortgaged business property
- utilities
- accounting and legal fees
- business insurance expenses
- interest on business debts
- property taxes
- general office supplies

Any agreements and insurance policies within a business must be integrated with the overall plan and objectives of the business. Careful consideration must be given to the selection of the plan which is right for your business and to the method of funding your plan.

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OCS bike ride to raise money for charity

Imagine cycling through beautiful Napa Valley, Calif., all while earning continuing education credit and raising money for a worthwhile cause.

Cycle-4-Sight 2009 offers all of this and more. The three-day cycling event is planned for May 14-16, 2009, and includes visits to three different wineries and fully catered lunch each day.

Prior to riding, each day begins with dynamic presentations from industry leading experts and the ability to earn five hours of COPE continuing education (CE) credit.

Participants will also be contributing to Optometry Giving Sight, an organization established in 2003 to address the needs of the 300 million people around the world who are blind or vision impaired simply because they don't have access to an eye exam and a pair of glasses.

Optometry Giving Sight is reaching out to fund the solution through programs that offer eye exams and glasses in countries with little or no access to vision care as well as programs that establish the infrastructure needed and that train local human resources required for sustainable, quality vision care. "Participants in last

year's Cycle-4-Sight event had a terrific time and raised nearly \$10,000 for Optometry Giving Sight," said Kevin Roe, O.D., director, Professional Relations, CIBA Vision, the event's sponsor and corporate founding patron for Optometry Giving Sight.

Registration is \$650 and includes bike rental, fully supported rides each day (support van and tour guide), all wine tastings and catered lunches, ride-related gratuities, helmet, water bottle and water, custom designed "Cycle-4-Sight" cycling jersey, and five hours of COPE CE.

Each participant will be responsible for personal transportation to and from the event, hotel accommodations (special rate at Embassy Suites Napa Valley), and all non-included meals. Each rider must also commit to a minimum of \$1,000 in pledges or a personal donation to Optometry Giving Sight.

For more information, registration materials or to see a detailed schedule, visit www.givingsight.org. Click on United States, then Cycle-4-Sight.

The deadline for registration is Monday, May 4, 2009.

HEHP project helps N.J. program reach out to diverse population

The Camden Eye Center's Mobile Sight Saving and Eye Health Education Program was a great success last year.

"We were able to bring important eye health services to over 600 adults and children at risk for vision impairment due to refractive errors and glaucoma," explained Lawrence A. Ragone, O.D., president and CEO of the Camden Eye Center.

He credits the generous support the program has received, including a \$5,000 grant from the AOA Healthy Eyes Healthy People® Committee.

Other funders include New Eyes for the Needy, the City of Camden, the International Association of Lions Clubs of District 16C, the Jay Frank Parmlly Trust, and the Camden Eye Center.

The goal of the Mobile Sight Saving and Eye Health Education Program was to bring vital refractive and glaucoma screenings and follow-up services to ethnic and

diverse populations in Camden City, N.J., which has been ranked by the U.S. Census Bureau as the fourth poorest city in the nation.

Because these populations are often without the luxury of transportation, the Camden Eye Center reaches out to them via its 34-foot Mobile Vision Clinic.

Specifically targeted in this initiative were black and Hispanic populations, who make up the majority of the city's poor, uninsured, underinsured, homeless, or non-English speaking citizens.

The Camden Eye Center wanted to convey the importance of regular eye care. The first step was to distribute information to organizations that could link needy residents with this free program.

All too often, fear and mistrust exists in urban populations and residents shy away from services, believing that strings are attached.

With help from the Camden County Office for Hispanic Affairs as well as the

Camden City Mayor's Office, the Camden Eye Center distributed enrollment information (in English and Spanish) about the Mobile Sight Saving and Eye Health Education Program to approximately 100 Hispanic and black churches and organizations.

"We made significant progress in communicating our mission and scheduled visits to 25 churches and organizations, which began in May and ended in December of 2008," said Dr. Ragone. "Of the 600 people who were screened, 300 received comprehensive follow-up examinations and about 200 were provided with prescription eyewear and glaucoma treatment services."

Through the collaborative efforts of the Mobile Vision Clinic driver, a professional consultant, a clerk, an ophthalmic technician, and one Spanish-speaking staff member, these three-hour site visits brought great results at all locations.

People who would otherwise not be able to afford an



Children wait outside the Mobile Vision Clinic for eye care in Camden City, N.J.

eye examination and prescription eyewear were able to receive these vital eye care services.

The Camden Eye Center was proud to facilitate these screenings and dispense eye wear to needy children and adults and markedly enhance their quality of life.

The Camden Eye Center plans to grow the Mobile Sight Saving and Eye Health Education Program and reach even more residents in 2009.

The goal is to make 30 site visits and reach a total of at least 700 citizens.

"We hope to create an awareness that this program is

here for the people of Camden," said Dr. Ragone. "We want to empower them through good eye health, which leads to better productivity and more meaningful lives."

The Camden Eye Center is the only free-standing, not-for-profit facility in New Jersey completely dedicated to providing free and low-cost eye care services for the poor, working poor, uninsured and underinsured families in Camden City and surrounding areas.

For more information, visit www.camdeneye.com.



Floyd Spechler, O.D., examines a patient.

Journal article case originated from HEHP

An April *Optometry: Journal of the American Optometric Association* article reports the case of a 7-year-old boy with ocular toxocariasis who is treated through a University of Alabama at Birmingham School of Optometry satellite clinic. The patient's mother, who has no insurance, brought her son into the clinic after hearing about its services through a video produced with the funds from an AOA Healthy Eyes Healthy People® (HEHP) grant, sponsored by Luxottica Group and VSP. HEHP is an ongoing AOA commitment to improve the visual health of all Americans. It is intended to reach beyond the patient in the exam chair and out into the community, to the individual who would benefit from optometric services but does not seek them out. To view the article, visit www.optometryjaoa.com.

LOW VISION UNIVERSITY™

EDUCATION FOR THE PRIMARY CARE OPTOMETRIST

Low Vision University™ (LVU), an educational program developed by the AOA Low Vision Rehabilitation Section (LVRS), provides **primary care optometrists** with the information needed to begin providing **low vision rehabilitation** in their practices to individuals with age-related vision loss. Low vision rehabilitation is a prescriptive treatment modality intended to maximize the use of residual vision. Low vision rehabilitation and nutritional supplements are the only non-surgical treatments currently available for the majority of people with age-related vision loss.



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Charity Classic®**

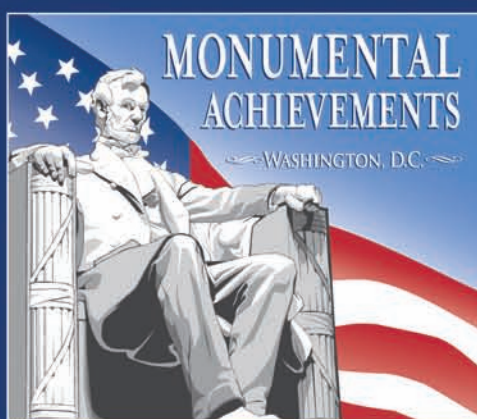
Presented by **WELLS FARGO**

Kemin Health is sponsoring the LVU, a 3-hour educational program on Saturday, May 30, 2009, from 8am to 11am. **Offered FREE of charge to optometrists.** Takes place at the Glen Oaks Country Club, West Des Moines, Iowa – host to The Principal Charity Classic Champions Tour.

Receive a FREE VIP parking pass and complimentary pass to attend the golf event on Saturday. You may register online for the Low Vision University™ by visiting the www.aoa.org and AOA Web Registration site, while space is available. Or you may contact the Sections Coordinator, Melissa Flower, at (800) 365-2219, ext. 4136 or mflower@aoa.org.

Low Vision University™ is made possible by a generous educational grant from:





Optometry's
MEETING®
June 24-28, 2009

2009 Optometry's MEETING®

Gaylord National® Resort & Convention Center, near Washington, D.C.

CONFERENCE: **June 24-28, 2009** EXHIBITS: **June 25-27, 2009**

Register NOW and get your CE Fees at \$30 per hour!
Early Bird deadline is April 1.

Registration rates remain the same at only \$125 for AOA Members and \$50 for Paraoptometric and AOSA Members. Join your colleagues and have access to all of the following:

- Renowned Exhibit Hall with over 200 exhibitors
- Over 200 hours of unparalleled CE including 28 hours of Free CE
- Wednesday Night Welcome Reception - *Sponsored by Bausch & Lomb*
- Opening General Session with speaker Bob Woodruff - *Sponsored by Essilor*
- Wines From Across Our Nation in the Exhibit Hall on Thursday
- Exhibit Hall Happy Hour on Friday
- The Varilux® Optometry Student Bowl™ XVIII and reception, where optometry schools compete for academic supremacy - *Sponsored by Essilor*
- Presidential Celebration on Saturday night, featuring Jeff Foxworthy - *Sponsored by HOYA*

Don't forget to select your hotel from one of the hotels in our block.

The AOA has blocked sleeping rooms at the Gaylord National® Resort & Convention Center, Westin, Residence Inn, and Hampton Inn & Suites. Rooms go very fast...don't delay!

To register, take advantage of early bird savings, and learn more about Optometry's Meeting®, visit www.optometrymeeting.org



Saturday sure to please at Optometry's Meeting®

From the Closing Breakfast Symposium to the Presidential Celebration, Saturday will be monumental at Optometry's Meeting® near Washington, D.C.

Attendees can join Bausch & Lomb for a newly

updated Saturday Morning Breakfast Symposium from 6 a.m. to 7:30 a.m.

The symposium will feature a full breakfast buffet and free continuing education.

"New Horizons in the Treatment of Ocular Surface Infection and

Inflammation," course #B301, is a pharmacology presentation that will focus on the latest treatments of ocular surface infection and inflammation. (Lecturers: R. Melton, O.D. and R. Thomas, O.D.)

Bausch & Lomb is also sponsoring **"Contact Lens Red Eye—New Etiologies and Treatments,"** course #3208, from 8 a.m. to 10 a.m. (Lecturer: D. Geffen, O.D.)

This course discusses today's contact lens red eye, its differential diagnosis, etiologies, and contemporary management.

Topcon is sponsoring **"3D OCT Imaging: Does It Make Sense for Your Practice?"** course #3608, from 8 a.m. to 10 a.m. (Lecturer: J. Sherman, O.D.)

This course includes clinical applications of OCT technology in retinal and optic nerve disorders, com-

parison of TM OCT and SD OCT, exemplary cases in which OCT alone diagnosed the disorder, and practice considerations.

Alcon is sponsoring **"Advances in the Management of AMD,"** course #3808, from 8 a.m. to 10 a.m. (Lecturers: M. Dunbar, O.D.; S. Ferrucci, O.D.; D. Shechtman, O.D.)

This course discusses new treatments including nutritional supplements and anti-VEGF therapy, as well as some new modalities used in the management of patients with age-related macular degeneration.

TLC Laser Eye Centers is the Saturday General Education Day sponsor, and also the sponsor of course #3010, **"Evidence-Based LASIK,"** from 10 a.m. to noon. (Lecturers: A. Morganstern, O.D.; J. Owen,

O.D., MBA)

This course covers many of the studies conducted by the Naval Medical Centers. The data evaluates everything from outcomes on Keloid formers to quality of vision on various laser platforms.

Bausch & Lomb is sponsoring **"AMD: A Practical Proactive Approach,"** course #3210, from 10 a.m. to noon. (Lecturer: J. Gerson, O.D.)

This course will discuss some preventive strategies that can be taken with AMD. Strategies for prevention of both dry and wet AMD will be discussed.

Vistakon® Pharmaceuticals is sponsoring **"A Battle Plan to Defeat the Allergy Attack,"** course #3410, from 10 a.m. to noon. (Lecturer: M. Bloomenstein, O.D.)

The ability to identify

See Saturday, page 19



Optometry's Meeting® attendees can take water taxis from National Harbor to Georgetown. Visitors can stroll through the historic campus of Georgetown University and shop and dine throughout the area. Photo: Destination DC.

Opening Eyes,

from page 17

discussion, we realized he thought a flock of Canada geese flying in formation were airplanes. He thought geese were land animals because he'd never been able to see them fly before."

The help of Dr. Zarybnisky and the other optometrists also contributed to the success of athletes in their sports.

"We had one young athlete who always came in second no matter what," said Dr. Zarybnisky. "It turns out he

was a -4.00D. He just always followed the individual in front of him because that's what he could see. Once the glasses were on, it was a whole new world."

Dr. Zarybnisky also noted that one athlete improved so much after receiving glasses that he was almost disqualified.

"It's so important to these athletes or other special needs individuals that optometrists take the time to work with them," said Dr. Zarybnisky. "Once in a while, you don't quite know how to work with them, but if you just take the time it's so much fun."

Opening Eyes is part of the Games' Healthy Athletes services, which also include Smiles (dental), Fun Feet (podiatry), Fun Fitness (physical therapy), Health Promotions (general health) and Healthy Hearing (auditory).

Ninety-seven of the athletes received hearing aids as part of the Healthy Hearing service.

Dr. Zarybnisky said he considers his work a success as long as the athletes receive follow-up care in their home



Vice President Joe Biden tours the Opening Eyes facility at the 2009 Special Olympics World Winter Games. The event drew more than 2,200 special athletes, approximately 19,000 workers and parents and another approximately 20,000 visitors. The economic impact for the area is estimated between \$42 million and \$47 million.

countries.

He is currently working with foreign embassies on three patients who were diagnosed with glaucoma who need medication and follow-up.

He also has three pairs of spectacles to ship; one has a -14.00D prescription.

Dr. Zarybnisky said another goal of his was to pass along the knowledge learned by the optometrists at the games.

"We want to be able to get any disadvantaged person screened," said Dr. Zarybnisky. "Now they can take back what they know to homeless shelters or other areas with a need."

Dr. Zarybnisky and the Idaho Optometric Physicians were honored for their service to the games by the Idaho legislature, which passed a special proclamation last month.



Dr. Zarybnisky gives a young athlete a high five after going over the results of his dilated visual examination.



The International Spy Museum, opened in 2002, is a privately owned museum dedicated to the field of espionage located in the Penn Quarter neighborhood of Washington, D.C. It contains more than 600 artifacts that depict the history of both real-life and popular culture spies.
Photo: Destination DC.

Saturday,

from page 18

and treat allergies is critical to any optometrist. This course will provide the tools to treat and diagnose allergies.

CIBA Vision is sponsoring "Brandless: The Risk of Not Branding Your Practice," course #0370, from 10 a.m. to noon. (Lecturer: G. Gerber, O.D.)

This session was created specifically for the employed or affiliated optometrist as an introduction on how to develop a brand that works in conjunction with an employer or affiliated entity. The course costs \$10 and is not for continuing education credit.

Don't miss the AOA Education Theater course "Writing for a Peer-Reviewed Journal," course #T331 (not for COPE credit) from 10 a.m. to 11 a.m. (Lecturer: P. Freeman, O.D., editor, *Optometry: Journal of the American Optometric Association*.)

Transitions is sponsoring "Everyday Eye Health: Women at Risk," course #T332, in the AOA Education Theater from 11:30 a.m. to 12:30 p.m. (Lecturer: D. Shechtman, O.D.)

Healthy Sight Counseling, in providing a

blueprint to achieve healthy sight, places a high priority on those individuals at increased risk for vision-threatening ocular diseases.

The AOA Interactive Poster Session will be offered for continuing education credit from 11 a.m. to 2 p.m. Register for one hour (#PST1) or two hours (#PST2).

AMO is sponsoring "New Technologies in Cataract Surgery," course #T334, in the Complete Refractive Solution Theater from 12:30 p.m. to 1:30 p.m. (Lecturers: M. Bloomstein, O.D.; J. Owen, O.D., MBA)

This course is a wet lab and will include live instruction and the opportunity to experiment with some of the new technologies available to the cataract surgeon.

TLC Laser Eye Centers is also sponsoring "Risk Factors for Ectasia," course #3014, from 2 p.m. to 4 p.m. (Lecturer: B. Tullo, O.D.)

Upon completion of the course, the attendee should feel comfortable in decision-making about candidacy for refractive laser correction and this unique population of patients.

Heidelberg Engineering is sponsoring "Evaluating the Patient with Advanced Imaging Technologies," course #3214, from 2 p.m. to

4 p.m. (Lecturers: J. Fanelli, O.D.; E. Schmidt, O.D.)

This course will look at the usefulness of advanced imaging technologies in day-to-day clinical practice.

The Vision Care Institute™, LLC, a Johnson & Johnson company, is sponsoring "Visual Performance Evaluation for Athletes," course #3714, from 2 p.m. to 4 p.m. (Lecturers: F. Edmunds, O.D.; G. Erickson, O.D.; D. Kirschen, O.D.)

The course includes strategies for organizing an evaluation for athletes competing in any sport or position with emphasis on facilitating effective follow-up care.

After a day filled with courses, attendees won't want to miss game show host and king of redneck comedy Jeff Foxworthy at the HOYA-sponsored Presidential Celebration from 7:45 p.m. to 10 p.m.

Following Foxworthy's performance, attendees will enjoy a dessert reception and private fireworks display over the Potomac River. Make sure attendees and guests are registered for #0380 for admission tickets.

Registration and housing for Optometry's Meeting® is now open. For more information, visit www.optometrysmeeting.org.

Monumental Exhibit Hall

Dick Schuck, O.D.
Optometry's Meeting® Exhibits
Committee chair



You simply cannot afford to miss Optometry's Meeting®! Now more than ever, people are trying to decide what meeting(s) they should attend. We challenge you to decide what meetings you can't afford to miss.

Optometry's Meeting® is the premier optometric meeting. Why? The AOA is the acknowledged leader and recognized authority for primary eye and vision care in the world. The AOA constantly brings our members the latest and greatest in education, products, tools and services to keep optometric practices on the frontline.

This is "optometry's" meeting, properly titled as it encompasses many things – it's the national meeting, a place to take the best continuing education (CE), meet with industry, catch up with colleagues, a fun family event and much more. We offer something for everyone in our profession.

We are very grateful to have industry partners that continue to support Optometry's Meeting®, keeping it the leading meeting in the industry. Thanks to our exhibitors and sponsors, our meeting will remain affordable and enjoyable, including more free CE and many sponsored events for all to enjoy.

The Exhibit Hall will open with a fun, networking event. On Thursday, from 4 p.m. to 8 p.m., enjoy "Wines from Across our Nation." On Friday, from 4:30 p.m. to 6:30 p.m., join your colleagues for an "Exhibit Hall Happy Hour." Thursday through Saturday, the Money to Burn program will reward \$10,500 in cash and money-saving coupons to be spent on the latest products and services in the Exhibit Hall.

Need to grab lunch on the run? Stop by the Marchon booth (#1021) to receive a complimentary lunch coupon (good Friday or Saturday) in the Exhibit Hall.

Please do not miss the AOA booth (#1834) where staff and volunteers will fill you in on the important initiatives at the AOA. You will receive the latest commemorative pin to add to your collection. In addition, stop by the t-shirt booth (#1642) for your complimentary Optometry's Meeting® t-shirt, sponsored by Viva International.

We know in these fast-paced times it's important to keep up on what's happening back home. Therefore, stop by the complimentary Cyber Café booth (#542) to check in. We will also have Locator Kiosks available again in the Registration Area and in the Exhibit Hall. You can find courses, exhibitors, colleagues, and more.

Our exhibitors have invested significant resources for the privilege of being in the Exhibit Hall, and the AOA and AOSA sincerely appreciate their support. Without exhibitor support, our registration fees and other meeting expenses would increase. Please stop by and thank the exhibitors for their continued support of Optometry's Meeting® and purchase some needed items for your practice. Don't forget to grab a tote bag! Shamir Insight doesn't want you to leave the Exhibit Hall empty-handed, so they sponsored a tote bag to hold all the valuable literature and giveaways that you collect during your Exhibit Hall visit.

Lastly, please complete the Attendee Survey that you will receive via e-mail after the meeting. You could win a free trip to Orlando, Fla., to attend the 2010 Optometry's Meeting® by taking five minutes to fill out our survey. Your feedback can keep Optometry's Meeting® the best meeting in our profession!

We look forward to seeing everyone in June!



Abbott Medical Optics
Alcon
Allergan
Bausch & Lomb
CIBA Vision Corporation
CooperVision
Essilor of America
Eyemaginations
HOYA Vision Care
Johnson & Johnson
Vision Care, Inc
Kemin Health
Luxottica Group
Marchon Eyewear
Optos
Shamir
TLC Vision Corporation
Transitions Optical
VSP Vision Care
VisionWeb

Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic CouncilSM to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: CIBA VISION

CIBA VISION was created to help people enjoy one of life's most precious gifts: healthy vision. It is the eye care unit of Novartis AG (NYSE: NVS), one of the world's leading providers of health care solutions.

With worldwide headquarters since 1980 in Atlanta, Ga., CIBA VISION develops and manufactures contact lenses and lens care products to meet the evolving eye care needs of eye care professionals (ECPs) and their patients/consumers. With CIBA VISION locations in more than 30 countries, and partnerships with local distributors, CIBA VISION's products and services are available in more than 70 countries around the world.

At the heart of CIBA VISION's business is a relentless desire to make a difference in people's lives by improving, protecting and preserving eyesight. This commitment, which requires exceptionally high quality standards and cutting-edge innovation, is best expressed in the CIBA VISION mission statement, "Shared Passion for Healthy Vision and Better Life."

Shared passion

CIBA VISION's partnership with ECPs is very strong as a result of its shared passion for helping people see better and live fuller lives. In addition to delivering products that meet patient/consumer needs, we support our ECP partners with practice management solutions to help them fulfill their professional aspirations. One example is the CIBA VISION Academy for Eyecare Excellence™, a global program for ECPs that delivers professional education and practice development to ensure the highest standard of patient care. The Academy for Eyecare Excellence™ includes both clinical and business programs, such as the Management & Business Academy (MBA, available in some countries), as well as support staff and student programs.

Healthy vision

CIBA VISION believes innovation is the key to a better tomorrow in eye care. The company is always looking for new materials, technologies and designs to make contact lenses and lens care more effective and simple to use – a relentless quest that has resulted in a number of industry "firsts." CIBA VISION prides itself on its development of the first daily disposable lenses with a revolutionary blink-activated moisture system for all-day comfort, as well as being the world's leading color contact lens brand. CIBA VISION also has a full portfolio of highly breathable silicone hydrogel contact lenses that meet almost all vision correction needs, including astigmatism.

Better life

CIBA VISION develops breakthrough eye care products that meet people's evolving lifestyles. This commitment guides our business strategy, product development and global operations. The desired result is greater patient compliance and a product offering that focuses on several strategic brands: Dailies®, Air Optix™ and Lens Care.

The company's products not only improve consumers'/patients' vision, they also enhance self-esteem, appearance and well-being, and ultimately make their lives better by

allowing for freedom of vision and superior comfort to match today's active lifestyles and demands.



Boorady joins Carl Zeiss Meditec

Carl Zeiss Meditec announced that distinguished optometrist Joseph T. Boorady, O.D., joined the company as director of Clinical Education.

Dr. Boorady will leverage his expertise to expand partnerships with optometry schools throughout the country while working closely with customers to identify future product and service opportunities.

"The field of optometry is a significant focus for Carl Zeiss Meditec, and we are committed to providing the resources to support our current customers as well as future generations of optometrists," said Joe Donahoe, president, Americas Region for Carl Zeiss Meditec. "Dr. Boorady's proven success in private practice, academia and industry leadership gives him extraordinary insight into the field of optometry that will allow us to reach practitioners from multiple clinical environments and professional backgrounds."

In his role as director of Clinical Education, Dr.



Dr. Boorady

Boorady will work with administrators, educators and key opinion leaders to create clinical educational programs designed specifically for optometric teaching institutions.

Dr. Boorady will also provide leadership and assistance to Carl Zeiss Meditec's sales force to support the company's sales objectives, and he will be the optometrist liaison with certain national accounts.

"Carl Zeiss is a world-class organization with a long history of commitment to optometry," said Dr. Boorady. "The ability to create a bridge between academic institutions and industry will provide optometric practitioners with greater access to knowledge, resources and mentorship."

SynergEyes launches new site

SynergEyes, Inc., announced the launch of an educational Web site (www.sharingonevision.com) for patients seeking information on keratoconus and treatment with hybrid contact lenses.

SynergEyes developed the first Food and Drug Administration-cleared hybrid contact lens specifically designed for patients with keratoconus.

SharingOneVision.com educates patients about keratoconus, SynergEyes® KC hybrid contact lenses and describes experiences with keratoconus patients who have been successfully treated with hybrid contact lenses.

SharingOneVision.com offers a doctor locator search tool for patients to find certified practitioners who fit

SynergEyes lenses.

Keratoconus patients can also watch educational videos on how to properly insert, remove and clean hybrid contact lenses.

"SharingOneVision.com provides patients with access to the most up-to-date information on hybrid contact lenses at all times," said Kellie Kaseburg, vice president of Global Marketing.

The SynergEyes KC contact lens uses revolutionary hybrid technology to offer the crisp, clear vision of a rigid gas permeable contact lens with the comfort and convenience of a soft lens.

The result is a custom-designed "hybrid" lens that gives keratoconus patients consistent, healthy vision, the company says.



Vistakon study shows high level of CL comfort for Asian eyes

Vistakon®, Division of Johnson & Johnson Vision Care, Inc.'s Acuvue® Oasys Brand Contact Lenses for Astigmatism™ demonstrated a high fit success rate and a high level of acceptance over SofLens® Toric (Bausch & Lomb) when fit on patients with an Asian eye anatomy based on comfort, vision and corneal physiology, according to new data presented at the 2009 SECO International meeting earlier this month.

"In Japan, it is widely believed that Asian eye geometry may affect the way toric lenses interact with the eye making them difficult to fit," said study co-author Jason R. Chin, O.D., assistant clinical professor, New England College of Optometry. "The purpose of this study was to compare Acuvue Oasys for Astigmatism in fit, visual acuity, comfort and preference to SofLens Toric, a leading toric brand in Japan, when fit on the Asian eye for two weeks."

Study participants rated Acuvue Oasys for Astigmatism significantly higher than SofLens Toric for vision and comfort aspects and reported less dryness and "contact lens awareness" when wearing Acuvue Oasys for Astigmatism.

Researchers also observed less corneal staining with Acuvue Oasys for Astigmatism than SofLens Toric.

"Although this study was conducted amongst an Asian population the majority of the findings can apply to the entire contact lens-wearing population, regardless of ethnic background," noted Dr. Chin.

The study included 87 patients between 18 and 39 who required vision correction in both eyes and were analyzed for post-fit subjective responses in the multi-center, randomized, masked study, conducted at seven U.S. sites, including Hawaii, California, Massachusetts, and New York.

Patients were of Japanese (55.7 percent), Chinese (27.3 percent), Korean (1.1 percent), Polynesian (2.3 percent), or mixed Asian descent (14.8 percent) and had to possess at least three out of four Asian eye characteristics for palpebral aperture, horizontal eyelid fissure, upper lid angle or lower lid angle to participate in the study.

Subjects were randomized to wear one brand of lens for two weeks of daily wear, followed by two weeks with the other. After each week of wear, subjects completed questionnaires regarding lens performance.

After each of the two weeks of wear, lens fit was evaluated, corneal health was assessed and questionnaires were completed.

Both lenses demonstrated high success rates in lens orientation/rotation and lens stability at the initial fit as well as at the two-week evaluation.

A comparison of visual acuity by Snellen Line showed that both lenses provided visual acuity of 20/25 or better for a high proportion

of the eyes. Both Acuvue Oasys for Astigmatism and SofLens Toric were predominantly graded as having optimal movement in tests for primary gaze, up gaze and push-up.

Subjects rated Acuvue Oasys for Astigmatism significantly higher than SofLens Toric for comfort aspects after one-week and two-weeks of use.

Respondents to the questionnaire preferred Acuvue Oasys for Astigmatism (75 percent) nearly 3-to-1 over SofLens Toric (22 percent), with the remaining 3 percent showing no preference.

Comfort was the primary reason for preference for both lenses in the study with 92.3 percent of the subjects who preferred Acuvue Oasys for Astigmatism and 78.9 percent of the subjects who preferred the SofLens Toric citing comfort as a reason for their preference.

Acuvue Oasys for Astigmatism was worn on average over one hour longer comfortably than SofLens Toric (difference of 1.15 hours on average).

The study was sponsored by Vistakon, marketer of Acuvue Oasys.

For more information, contact Vistakon at 800-843-2020 or visit www.jnjvisioncare.com.



Gunnar Optiks produces digital performance eyewear for technology users. Gunnars are designed to help protect against computer vision syndrome. Shown is style Halogen. For more, visit www.gunnaroptiks.com.



Swarovski sparkles

This spring, Daniel Swarovski crystal eyewear launched its new ophthalmic eyewear collection SuperNature to sparkle in feminine delicacy combined with the unique power of crystals. Shown is style S622, which showcases 32 perfectly cut crystals applied by hand.

www.daniel-swarovski.com/e/ophth.html

Colors in Vogue



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MEETINGS

April

KANSAS OPTOMETRIC ASSOCIATION ANNUAL CONVENTION April 16-18, 2009
Sheraton Hotel, Overland Park
785/232-0225
info@kansasoptometric.org
www.kansasoptometric.org

SOUTHERN COLLEGE OF OPTOMETRY 2009 SPRING CONTINUING EDUCATION April 17-19, 2009
Southern College of Optometry
Memphis, TN
800/238-0180, ext. 4
ce@sco.edu www.sco.edu

WEST FLORIDA OPTOMETRIC ASSOCIATION SPRING SEMINAR April 17-19, 2009
SanDestin Hilton Beach Resort,
Tom Streeter 850/279-4361
www.wfoameeting.com

INDIANA OPTOMETRIC ASSOCIATION 112TH ANNUAL CONVENTION April 17-19, 2009
French Lick and West Baden Springs
Hotels, French Lick, Indiana
317/237-3560 www.ioa.org

OPTOMETRIC EXTENSION PROGRAM ROBERT WOLD SOUTHERN CALIFORNIA BEHAVIORAL VISION SEMINAR April 19-20, 2009
Handlery Hotel, San Diego, CA
Theresa Krejci 800 447 0370

OPTOMETRIC PHYSICIANS OF WASHINGTON 2009 WASHINGTON'S OPTOMETRY CONFERENCE April 22-25, 2009
Three Rivers Convention Center
Kennewick, WA
Kenneth Depew, O.D.
509/735-2020
Kdepew2020@msn.com

BINOcular VISION & PEDIATRICS FORUM AND THE CHILDREN'S LEARNING FORUM April 23-24, 2009
Holiday Inn on the Lane,
Columbus, Ohio 614/688-3336
Kulp.6@osu.edu
www.optometry.osu.edu

ARKANSAS OPTOMETRIC ASSOCIATION 2009 SPRING CONVENTION April 23-25, 2009
The Peabody Hotel, Little Rock, AR
Vicki Farmer 501/661-7675
FAX: 501/373-0233
aropt@swbell.net
www.arkansasoptometric.org

MOUNTAIN WEST COUNCIL OF OPTOMETRISTS ANNUAL MEETING April 23-25, 2009

Las Vegas, Nevada
Tracy Abel 888/376-6926 or
503/436-0798
FAX: 503/436-0612
tracyabel@earthlink.net
www.mwco.org

KENTUCKY OPTOMETRIC ASSOCIATION 107TH ANNUAL SPRING CONGRESS April 23-26, 2009
Hyatt Regency Hotel, Louisville,
Sarah A. Jones 502/875-3516
FAX: 502/875-3782
sarah@kyeyes.org www.kyeyes.org

OPTOMETRIC EXTENSION PROGRAM VT/STRABISMUS & AMBLYOPIA April 23-26, 2009
Ft. Lauderdale, Florida
Theresa Krejci 800 447 0370

UNIVERSITY OF CALIFORNIA, BERKELEY, SCHOOL OF OPTOMETRY 24TH ANNUAL MORGAN/SARVER SYMPOSIUM April 24-26, 2009
DoubleTree Hotel, Berkeley Marina,
Berkeley, Calif. Nyla Marnay
510/642-6547
FAX: 510/642-0279
optoce@berkeley.edu
http://optometry.berkeley.edu

NEW JERSEY CHAPTER OF THE ACADEMY April 29-May 3, 2009
Kingston Plantation, Myrtle Beach,
South Carolina Dennis Lyons, O.D.
732/920-0110 Dhl2020@aol.com

COLLEGE OF SYNTONIC OPTOMETRY 77TH INTERNATIONAL CONFERENCE ON LIGHT AND VISION April 28-May 2, 2009
Niagara Falls, Ontario, Canada
Ron Wahlmeier 866/486-0190
FAX: 719/486-0190
syntonics@bresnan.net

May

FLORIDA CHAPTER OF THE AMERICAN ACADEMY OF OPTOMETRY EDUCATIONAL MEETING 2009 May 1-2, 2009
Mission Inn, Howey-in-the-Hills,
Florida Dr. Arthur T. Young
239/245-7494
FAX: 239/574-1374
Eyeguy4123@msn.com

NORTHEASTERN STATE UNIVERSITY, OKLAHOMA COLLEGE OF OPTOMETRY LASER VISION CORRECTION May 1-3, 2009
TLC Oklahoma City, OK
Lisa McCormick 918/444-4033
mccormil@nsuok.edu

PENNSYLVANIA OPTOMETRIC ASSOCIATION SPRING CONFERENCE May 1-3, 2009

Skytop Lodge, Skytop, Pennsylvania
Ilene Sauertieg ilene@poaeeyes.org
www.poaeeyes.org

ARIZONA OPTOMETRIC ASSOCIATION 2009 SPRING CONGRESS May 8-10, 2009
Renaissance Glendale Hotel & Spa
Glendale, AZ Kate Diedrickson
Kate@azoa.org www.azoa.org

NEW MEXICO OPTOMETRIC ASSOCIATION 2009 ANNUAL CONVENTION May 14-17
Embassy Suites Hotel
Albuquerque, NM
Richard Montoya 575/751-7242
fleece@laplaza.org

OPTOMETRIC EXTENSION PROGRAM 2009 EASTERN STATES CONFERENCE May 16-17, 2009
Crowne Plaza, White Plains,
New York Stuart Rothman, O.D.
SMROD@aol.com

OPTOMETRIC EXTENSION PROGRAM ACQUIRED BRAIN INJURY/TRAUMATIC BRAIN INJURY (ABI/TBI) (OEP Clinical Curriculum) May 16-18, 2009
Baltimore, Maryland
Theresa Krejci 800/447-0370

BRITISH CONTACT LENS ASSOCIATION 2009 CLINICAL CONFERENCE AND EXHIBITION May 28-31, 2009
Manchester, United Kingdom
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FAX: +44 (0)20 7580 6669
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www.bcla.org.uk

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West Des Moines, Iowa, May 30,
www.aoa.org/x11836.xml
Alisa Krewet, 800-365-2219,
ext. 4137 AGKrewet@aoa.org.

June

OPTOMETRIC EXTENSION PROGRAM VT/LEARNING RELATED VISUAL PROBLEMS (VT 2) (OEP CLINICAL CURRICULUM) June 4-8, 2009
Baltimore, Maryland
Theresa Krejci 800/447-0370

MISSISSIPPI OPTOMETRIC ASSOCIATION 2009 SUMMER CONVENTION June 5-6, 2009
Pearl River Resort, Philadelphia,
Mississippi Linda Ross Aldy
601/853-4407
FAX: 601/853-4408
msoptometr@aol.com
www.msyes.com

NORTHEASTERN STATE UNIVERSITY, OKLAHOMA COLLEGE OF OPTOMETRY 16TH ANNUAL OCULAR DISEASE UPDATE June 5-7, 2009
Chateau on the Lake, Branson, MO
Lisa McCormick 918/444-4033
mccormil@nsuok.edu

OPTOMETRIC EXTENSION PROGRAM VT/LEARNING

RELATED VISUAL PROBLEMS (VT 2) (OEP CLINICAL CURRICULUM) June 4-8, 2009
Baltimore, Maryland
Theresa Krejci 800/447-0370

VIRGINIA OPTOMETRIC ASSOCIATION 107TH ANNUAL CONVENTION, MIDDLE ATLANTIC CONTINUING EDUCATION Conference and Paraoptometric Education Conference June 5-7, 2009 Williamsburg
Lodge, Williamsburg, VA
Jerry Neidigh, O.D.
804/353-3937
jrn2020@gmail.com
www.voaeyedocs.org

ALASKA OPTOMETRIC ASSOCIATION ANNUAL CONFERENCE June 11-14, 2009
Best Western Kodiak Inn, Kodiak,
Alaska Tracy Oman
907/770-3777
FAX: 907/272-7532
akoa@alaska.com
www.akoaa.org

WEST VIRGINIA OPTOMETRIC ASSOCIATION MID-YEAR MEETING June 11-14, 2009
The Homestead Resort
304/720-8262
www.wvoa.com

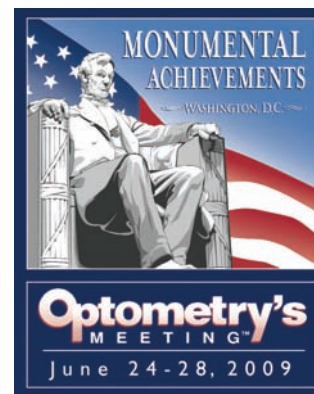
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Eastern Caribbean/Bermuda
Aboard the Caribbean Princess
AEA CRUISES OPTOMETRIC CRUISE SEMINAR June 29 - July 6, 2009
Gulf of Alaska
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Aboard the Coral Princess
888/638-6009
aeacruses@aol.com
www.optometriccruiseseminars.com

July

AEA CRUISES OPTOMETRIC CRUISE SEMINAR July 4-11, 2009 Hawaii
Aboard the NCL Pride of America
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aeacruses@aol.com
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TROPICAL CE BAHAMAS July 5-12, 2009
Atlantis Paradise Island
Stuart Autry 281/808-5763
John Ogden 281/900-8493
www.TropicalCE.com



NORTHEASTERN STATE UNIVERSITY, OKLAHOMA COLLEGE OF OPTOMETRY LASER THERAPY FOR THE ANTERIOR SEGMENT July 10-11, Tahlequah,
OK Lisa McCormick
918/444-4033
mccormil@nsuok.edu

OPTOMETRIC EXTENSION PROGRAM THE ART & SCIENCE OF OPTOMETRIC CARE—A BEHAVIORAL PERSPECTIVE (OEP Clinical Curriculum) July 11-15, Memphis, Theresa Krejci
800/447-0370

NATIONAL OPTOMETRIC ASSOCIATION 40TH ANNUAL CONVENTION July 14-19, 2009
Charleston Place Hotel
Charleston, SC
Dr. Charles Comer 877/394-2020
www.nationaloptometricassociation.org

AEA CRUISES OPTOMETRIC CRUISE SEMINAR July 15-27, 2009
Grand Mediterranean
Aboard the Ruby Princess
888/638-6009
aeacruses@aol.com
www.optometriccruiseseminars.com

AEA CRUISES OPTOMETRIC CRUISE SEMINAR JULY 20-27, Blue Danube Discovery River Cruise
Aboard Amadeus Amadante
888/638-6009
aeacruses@aol.com
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NORTHERN ROCKIES OPTOMETRIC CONFERENCE July 23-25, 2009
Snow King Conference Center
Jackson Hole, WY
Dan Lex, CAE
www.NROCmeeting.com
Ph: 307/637-7575

SACRAMENTO VALLEY OPTOMETRIC SOCIETY Tahoe Seminar July 24-26, 2009
Embassy Suites Resort, South Lake Tahoe, California
jerrysue@svos.info www.svos.info

SOUTHWEST FLORIDA OPTOMETRIC ASSOCIATION Educational Retreat 2009 July 31-August 2, 2009
Southseas Island Resort, Sanibel,
Dr. Brad Middaugh
239/481-7799
FAX: 239/481-3739
svfoa@att.net
www.genesisgt.com/svfoa

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for the meetings calendar,
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SHOWCASE

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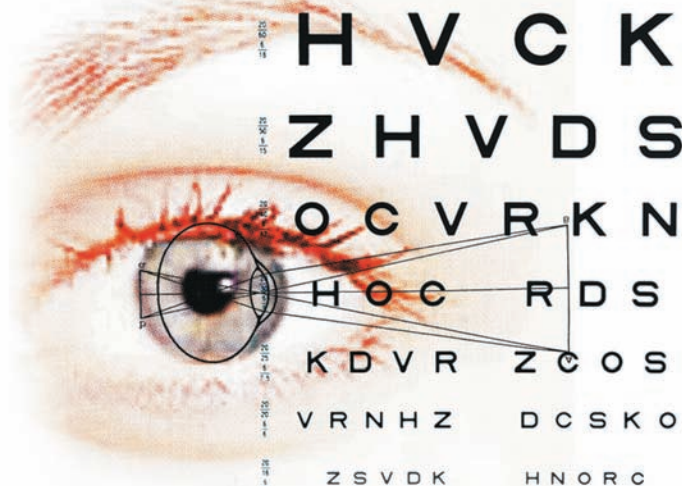
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716 Randall Ave., Cheyenne, WY 82001
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SHOWCASE



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A current curriculum vitae, official transcripts of all college work completed, and three letters of reference should be submitted to:

DR. MARTHA ALBIN,
DIRECTOR OF HUMAN RESOURCES
NORTHEASTERN STATE UNIVERSITY
600 NORTH GRAND AVENUE
TAHLEQUAH, OK 74464-2399

Questions concerning the position may be directed to:

Douglas K. Penisten, O.D., Ph.D.
Associate Dean (918) 444-4025
Ref: Position # E0002004, E0002014, PPCN2003
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Eastern Caribbean/Bermuda, 6/29-7/8/09, *Caribbean Princess*®. New York City, Bermuda (West End), San Juan, St. Thomas, Grand Turk, New York City. **From \$1329. ~4th of July~**
Speaker: Joseph Pizzimenti, OD.

Gulf of Alaska, 6/29-7/6/09, *Coral Princess*®. Vancouver, Ketchikan, Juneau, Skagway, Glacier Bay, College Fjord, Anchorage. **From \$1009 ~4th of July~** Speaker: Scot Morris, OD.

Hawaii, 7/4-7/11/09, *NCL Pride of America*®. Honolulu, Maui, Hilo, Kona, Nawiliwili, Honolulu. **From \$1409. ~4th of July~** Speakers: Barry Eiden, OD & Carol Barron, OD.

Classic Grand Mediterranean, 7/15-7/27/09, *Ruby Princess*®. Barcelona, Monte Carlo, Florence/Pisa, Rome, Naples/Capri, Mykonos, Istanbul, Kusadasi, Athens, Venice. **From \$2240.**
Speaker: Paul Ajamian, OD.

Blue Danube Discovery River Cruise, 7/20-7/27/09, *Amadeus Amadante*®. Budapest, Bratislava, Vienna, Durnstein-Melk, Linz-Passau, Regensburg, Nuremberg. Optional 2 night pre-cruise stay in Budapest and/or 3 night post-cruise stay in Prague. Cruise fare INCLUDES wines w/ dinner and most shore excursions! **From \$2299** cruise only. Speaker: Robert Wooldridge, OD.

Mexican Riviera, 9/24-10/3/09, *Silversea Silver Shadow*®. Los Angeles, Ensenada, Mazatlan, Puerto Vallarta, Cabo San Lucas, San Diego, Los Angeles. **All suites, all-inclusive fares include gratuities and all wines & spirits. From \$3297.** Speaker: Harue Marsden, OD.

Canada/New England, 10/3-10/10/09, *Caribbean Princess*®. New York City, Halifax, St. John, Bar Harbor, Boston, Newport, New York City. **From \$1045**

Western Caribbean, 2/13-2/20/10, *Crown Princess*®. Ft. Lauderdale, Grand Cayman, Roatan, Cozumel, Princess Cays, Ft. Lauderdale. **~President's Day~ From \$919.**

Panama Canal Adventurer, 2/18-2/28/10, *Island Princess*®. Ft. Lauderdale, Ocho Rios, Panama Canal, Panama City, Puterenas, San Juan del Sur, Puerto Quetzal, Huatulco, Acapulco. **From \$1619.**

Southern Caribbean Explorer, 2/28-3/7/10, *Caribbean Princess*®. San Juan, Aruba, Bonaire, Dominica, St. Thomas, San Juan. **From \$769.**

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Review of applications will begin immediately and continue until candidates are selected for interview. A letter of application outlining interest in the position and how his/her qualifications meet the desired characteristics, curriculum vitae, and the names and contact information (including telephone numbers and e-mail addresses) of at least four (4) professional references are required. All materials should be submitted electronically to the search committee at mcodean@ferris.edu. If you have questions, contact the search committee chair: **Roger D. Kamen, OD, MS, Professor of Optometry, Telephone: 231-591-2189, or email: kamenr@ferris.edu.**

Ferris State University is sincerely committed to being a truly diverse institution and actively seeks applications from women, minorities, and other underrepresented groups.

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SHOWCASE



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6 hours TQ/CE + 5 hours CE

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2 hours CE Medical Errors

Sheldon Kreda, O.D., F.A.A.O.

2 hours PM - "The Paperless
Office, Advanced Strategies"

Ron Foreman, O.D., F.A.A.O.

2 hours CE
Optometric Jurisprudence

Information

Brad Middaugh, O.D.
1537 Brantley Rd., A-2
Fort Myers, Florida 33907
Phone: 239-481-7799
Fax: 239-481-3739
E-mail: swfoa@att.net

Registration

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to ALL registrations.

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American Optometric Association

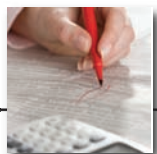
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How would you like to donate your outdated equipment to a worthy cause and receive a tax deduction at the same time? VOSH-INTERNATIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC (International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life.

Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website (www.vosh.org) and click on Technology Transfer Program. Information about IMEC is available at www.imecamerica.com.

The most desirable items that programs in developing countries need are: Trial lens kits, battery powered hand scopes, assorted pliers and optical tools, hand stones for edging glass lenses, uncut lenses (both SV and BF), manual lensometers, phoropters, lens clocks, color vision tests, keratometers and biomicroscopes.

This list is certainly not complete but gives an idea of some of the basic needs these developing programs can benefit from. All items may be shipped directly to:

VOSH INTERNATIONAL
C/O IMEC
1600 Osgood Street
North Andover, Mass. 01845

Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact www.vosh.org with any questions or email jaforrey@comcast.net and voshinternational@comcast.net.

Equipment for Sale

2002 Briot Accura CX Patternless Edger Edges plastic, poly, and glass. Safety bevels and auto grooves. Includes Accura blocking and deblocking kit, water recirculating kit, Memory turbo extension upgrade kit. Also Included: BPI UV Photometer, BPI tanks and gradient tint arm, Rimless groover, edge polishing wheel kit, job trays, and remaining uncut Stock poly and plastic SV lenses. Contact Jan @ Georgetown Eye Associates @ 616.457.20/20 or Lab @ huizeyes.com

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Effective the October 9, 2006 issue onwards, Classified advertising rates are as follows: 1 column inch = \$60 (40 words maximum) 2 column inches = \$110 (80 words maximum) 3 column inches = \$150 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is \$30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at k.spurlock@elsevier.com attention Keida Spurlock, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Keida Spurlock - Elsevier ad sales contact - at 212.633.3986 for advertising rates for all classifieds and showcase ads.

The American Optometric Association Order Department

Office Hours: Monday - Friday, 8AM-4PM (Central Standard Time)



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Easy to understand text and interesting facts with well drawn illustrations.



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We offer a large selection of pamphlets to aid patients in understanding their eye care needs.

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These easy to read pamphlets help answer patients eye care questions.

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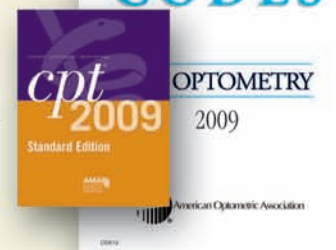
NEW interactive CD with teachers guide included. Also, several pamphlets written for children's specific vision care.



Code Books

A list of codes to aid in submitting Medicare and third party insurance claims.

CODES



HIPAA Forms

Notice of Privacy Practices and Patient Authorization forms available in English and Spanish.



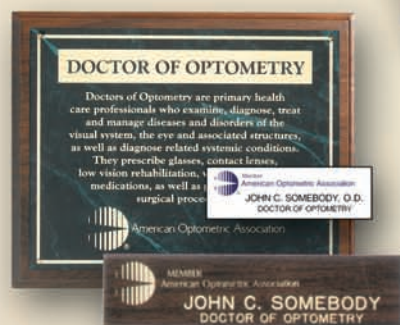
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American Optometric Association

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